| | 1 | 500 | | | DERART | | | AND MENTAL | UVCIENÎ | 2 (3 | 9 | | 2 7 | 150 |
|--|---------------|---------------------------|-----------------------|----------------------|--------------------------------|-----------------|---------------|--------------------------|----------------------|---------------------------------------|----------------|---------|---------------------------|--------------|
| | 1- | FOR STATE REGISTRAR | | м | | | | AND MENTAL I | | H 250 | , NO. | 2 ' | | |
| | | CEASED NAM | E FIRST | | WIDDLE | | | IAST | | DATE KNOWN | | TH DAY | YEAR | 26. HQ0 |
| 25000 | (TY) | PE OR PRINT) | Agnes | Ma | rie | | AB: | TBA | | OF ESTI- DEATH MATED | 11 | 2 3 | 1979 | 5 km |
| 美精神) | 3. SE | X | 4. RACE | 5. DATE OF BIRT | | 6. AGE (IN Y | | DER I YR. IF UNDER | | | MONT | H DAY | YEAR | 2d HOUR |
| 2000 | Fe | male | White | 4-7-25 | TEAR | 54 Y | | S DAYS HOURS | MIN PI | RONOUNCED DEAD | 18 | 93 | 1979 | M |
| AND | Ja. B | IRTHPLACE (S | STATE OR | 76. CITIZEN OF | WHAT COUN | | 2 | D NEVER MARK | RIED . | BALTIMORE CIT | Y OR COU | NTY OF | DEATH | |
| SAN STOOL | Ma | ryland | | U. | S.A. | | WIDOW | | CED 🗆 | Frederi | | | | MD. |
| S S S S S S S S S S S S S S S S S S S | | ITY OR TOWN | OF DEATH | LIF NOT IN SUCH | | | | ER INSTITUTION | 12a. USU A FOR MC | AL OCCUPATION OST OF WORKING LIFE) | (TYPE OF WOR | 12b K | CIND OF BUS DR INDUSTR | SINESS EY |
| A SE SE | | urmont | (IF IN NURSING HOME | | Kellys | | | 1 | Hous | sewife | G. | 0 | wn Hor | ne |
| F AND SHOULD SECOND | | AL KESIDENCE | 13b. COUN | | | OR TOWN | | 13d. INSIDE CITY LIMITS? | 13e STREE | 3, Kell | 0. | | D . | |
| 21201 F AND SHOUL SECOL | | ryland | Frede | erick | Thur | mont | | YES NO | | 3, Kell | ys St | ore | Road | |
| E, MD. 2 DEATH. II FES 1, 2, NND 2 S NND 2 S | 14. 15 | ATHER'S NAM | | MIDDLE | | LAST | | 15. MOTHER'S MAID | JEN NAME | MIDDLE | | | LAST | |
| SAN SE | 16n \ | Hamp to | D EVER IN U.S. AR | orris | WOI LIAN SOX | CIAL SECURI | TY NO. | Sadie | | Marie | RESS | S | MITH | |
| , BALTIMORE, URS AFTER DE 8. GIVE PAGE! WITH FORM T. PAGES 1 AND DIVISION OF | (1 | ES, NO, OR UNKN | OWN) (IF YES, GIVE | E WAR OR DATES) | | -20-17 | | Sotero Ab | iha (| | | 28 9 | 130 | |
| BALI JRS A GIN WITH PAC | | | OF DEATH (Enter or | aly one couse per li | | | | | | rabbana, | , 0 000 | | APPROXIMATE | INTERVAL |
| - U - /n | 10 | PARTID | EATH WAS CAUSE | D BY: | IL ALA | 10 84 | 16M2 | ma Cri | m | | | BET | TWEFN ONSET | AND DEATH |
| PRESTON SI VITHIN 24 H CIL IN ITEM NER ALONG NASIT PERM AL HYGIENE MOVAL. | | 153 | 9 IMMEDIA | TE CAUSE (a) | OR AS A CON | | | | | | | | 1650 | |
| a Fawzao | | | ons, if any, which | | | | | | | | | | | |
| O1 W. PI | | couse (c |) stating the under | DUE TO, C | OR AS A CON | SEQUENCE | OF | | | - | | | | |
| 301 V CUTED IN PE EXA JRIAL: 10 MEI | | lying co | use lost. | (c) | | TELLIN | | | | | | | 100 | |
| VITAL RECORDS, 301 SHOULD BE EXECUTE ORD "PENDING" IN CHIEF MEDICAL EX BE USED AS A BURIA IT OF HEALTH AND M RIAL, CREMATION, OR | NO | PART 2 OTHER S | GIGNIFICAN CONDITIONS | CONTRIBUTING TO DEA | TH BUT NOT RELA | NTEO TO THE TER | MINAL DISEASE | OR CONDITION GIVEN IN P. | 'ART 1 (a). | | | | 1 | THE STATE OF |
| PEN MED A | CERTIFICATION | 19a. DATE O | FOPERATION | 196. CON | DITION FOR | WHICH OPE | RATION W | AS PERFORMED? | | | | 20. | AUTOPSY? | |
| F VITAL REG | H | Mar 3 | | | | | | | | | | | YES 🗆 | NO D |
| ■ NHONES → | U | | AL CAUSE WAS | | OF INJURY | DAY YEA | | W INJURY OCCURR | ED (ENTER NA | ATURE OF INJURY IN ITE | M 18 PART 1 OI | PART 2) | | |
| ION C | CAL | | G OR ING CAUSE OF | | .M. | 19 | | | | | | | | |
| DIVISION S CERTIFIC STING TH SUBED TO E 3 SHOU E DEPARTS PRIOR TO | MEDICAL | 21d. INJURY WHILE | OCCURRED NOT WHILE | | E OF INJURY ACTORY, FARM, E | | | TREET | | CITY OR TOWN | | COUNTY | | STATE |
| E A A A A A | | AT WORK | AT WORK | | | | | | | | | | | |
| 2 S. F. S. | | 22a. I cert | ify that I took char | ge of the remains | escribed ob | ove, held on | Autops | y , Inspection | on . | Inquiry , | and in my | opinion | | |
| EXAMINER: CERTIFICATE ULD BE FOR WITH THE WAYLAND, 2 | | death resul | ted fram: Natu | ural causes | | □, s | vicide | , Hamicide | Undeter | mined monner | | | | |
| L EXAMINEI C CETIFICA C L DIRECTOR H, WITH THE MARYLAND, | | ACTUAL | Polo. | +(X)/ | 0. | 10 | 1 | TITLE (SPECIFY) | | | DA | TF / | 10/3/ | 179 |
| CAL EXA THE CER SHOULD RAL DIR ATH, WI RE, MARY | | SIGNATURE | MA | 1 H | LOW | alle, | M. | Deputy | 8 POIC | TOIL H | louse | NED | | 1 |
| TO MEDICAL E. EXECUTE. THE C. FOR SHARE OF SHARE DEATH, OF BALTMORE, MARCH. | 2 | EXAMINER'S | NAME RO | bert J. | Thom | as, N | 1. D. | ADDRESS | | derick, | | | | |
| TO N EXEC PAGE TO PAGE BALT | 23a. E | URIAL, CREMA | ATION, REMOVAL | 23b DATE | 23c. | NAME OF CE | | R CREMATORY | 123d. LOC | ATION | | | | ATE |
| ВР | (| Burial | | 10/5/79 | | | | Gardens | Fre | derick, | Frede | rick | . Md. | ATE |
| DHMH - 17 | 24. F | | CTOR Charle | | | | | 25e DATE | REC'D BY E | REGISTRAR 256. | REGISTRAR | SSIGNA | TIME | 0 |
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| | PE OR PRINT) | Roland | | Austir | | Adams | | DE | ATH MATE | D [] | 0 14 | 197 |
| 3. SE | 17 A | RACE hite | Oct 21 | YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) 59 YRS. | MONTHS DAYS | HOURS | MIN PROP | DATE NOUNCED - DEAD | 10M | 0 14 | 70 |
| | IRTHPLACE (STATE DREIGN COUNTRY) | E OR | 76. CITIZEN OF W | HAT COUNT | N | ARRIED A N | EVER MARRIE | D L | LTIMORE C | _ | Fred | |
| 00 10 C | TY OR TOWN OF | | 11. NAME OF HO | SPITAL, NUR | SING HOME, OR | OTHER INSTITU | UTION | 12a USUAL O | F WORKING LIFE | (TYPE OF WO | ORK 12b | KIND OI OR INDI |
| 13a. S | AL RESIDENCE (IF | 13b. COUNT | OTHER INSTITUTION, C | SIVE RESIDENCE I | DR TOWN | | CITY LIMITS? | 36 STREET A | DDRESS | | | |
| 14. F. | ATHER'S NAME | | MIDDLE | | AST | | HER'S MAIDE | NAME | MIDDLE | | | LAST Six |
| 1 160. | MAS DECEASED E res, no, or unknown NO | VER IN U.S. ARM | ROSS MED FORCES? VAR OR DATES) | 164. SOC | idams AL SECURITY NO 16-1488 | 17. INFOR | ora RMANT ifred | (7 - \ 4 - | P. ADD | PRESS | | |
| | lying cause | | (c) | | | | | | | | | |
| | | | ONTRIBUTING 10 OEATI | | EO TO THE TERMINAL O | | | T 1 (a). | 4 | | 26 |) AUTOF |
| OU STIFICATION | PART 2 OTHER SIGNI 19a. DATE OF O | PERATION CAUSE WAS | 19b. COND | OF INJURY M. MONTH | VHICH OPERATION | | PRMED? | | E OF INJURY IN 17 | TEM 18 PART I | |) AUTOF |
| WEDICAL CERTIFICATION | PART 2 OTHER SIGNI 19a. DATE OF O 21a. EXTERNAL (UNDERLYING CONTRIBUTING | PERATION CAUSE WAS OR CLUSE OF D | 21b. TIME CHOUR A. | OF INJURY M. MONTH | DAY YEAR 19 (ATHOME, 2) | N WAS PERFO | PRMED? |) (ENTER NATUR | OF INJURY IN IT | TEM 18 PART 1 | | |
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G. Douglas Stauffer Rt. 10 Box 66 Fred., Md.

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| | 1 | FOR - STATE REGISTRAR | DEPARTA | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 7 9 | 2537 |
|---|-----------------------|--|---|---|--|--|
| 1 | 1. DE | ECEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH | MONTH DAY YEAR 26 HOU |
| 1 | | | | Ambrose | October | 6 1979 |
| | 3. SE | X | 4 RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRT | (HDAY) IF UNDER I YEAR IF UNDER |
| | | Male | White | Aug. 17 1933 | 46 | YRS. |
| Se once | 7a B | SIRTHPLACE (STATE OR FOREIGN DOUNTRY) Md. | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9. BALTIMORE CITY OF Frederi | CK |
| Optified | | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 603 Ninth Aven: | | 120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O | |
| St. St. Pe | Mo | STATE 135 COULT | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134 CITY OR TOWN Brunswi | N 13d INSIDE CITY LIMITS? YES NO | 13. STREET ADDRESS 603 Ninth | |
| O Coming | | ATHER'S NAME FIRST Wil | MIDDLE LAST SON Ambrose | 15 MOTHER'S MAIDEN N FIRST Laura | AME | Bohrer |
| dicol | 160 | WAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL SECU | RITY NO. 17 INFORMANT | ADDR | ESS |
| medi | Ye | s | 214-32-2 | 503 Mrs. S. M. | Ambrose Bru | nswick. Md. |
| 0, 01 | | | (6) | DEATH BUT NOT BELATED TO THE TER | AUNIAL DISEASE OR COL | |
| ws ony injury, | IFICATION | PART 2 OTHER SIGNIFICANT | | OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEAT |
| ows ony inju | CERTIFICATION | | 19b. CONDITION FOR WHICH | OPERATION WAS PERFORMED | | 206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO |
| 18 shows | AL CERTIFICATION | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | 21b. TIME OF INJURY HOUR A.M. MONTH DA | OPERATION WAS PERFORMED 21c. HOW INJURY OCCU | 200 AUTOPSY? | 206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO |
| Mentof Hygiene prior to or Item 18 shows ony inju | MEDICAL CERTIFICATION | 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED | 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA | OPERATION WAS PERFORMED 21c. HOW INJURY OCCU 19 21f. LOCATION | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEAT YES NO (|
| or Item 18 shows ony inju | | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CHIEFER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY | OPERATION WAS PERFORMED 21c. HOW INJURY OCCU 19 21f. LOCATION | 200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJUN | 20b IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO (2) NO |
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| Dept of Health and Mental Hygiene priar to If Item 21 is marked or Item 18 shaws any inju | | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that 11) this hasp saw the deceased glive or above (1) Well Bird (id) | 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F ortal) attended the deceosed from at view the body after death. | OPERATION WAS PERFORMED 21c. HOW INJURY OCCU 21f. LOCATION STREET 27f. HOW INJURY OCCU 27f. HOW INJURY OCCU | 200. AUTOPSY? YES NO CITY OR TOV CITY OR TOV MEDICAL STAI | 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA' YES NO PART 1 OR PART 2) VN COUNTY S: 19 that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
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. M. L. C. L The second of th Tour Tour ENDIKONALO BAMINE Ser to Taniantity A Carry to the second of the second to be Seller Seller State Seller . 4 . Holymann gollosta military ...

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| - | 1. | FOR STATE | DI | EPARTMENT OF | HEALTH AND ME | NTAL HYGIEN | 7 9 | 2 5 | 3 B | U |
| 7 | | REGISTRAR | MED | ICAL EXAMIN | IER'S CERTIFIC | ATE OF DEA | TH REG. | NO. | | |
| 1 | | CEASED NAME FIRST | | MIDDLE | LAST | | 20. DATE KNOWN | MONTH | DAY YEAR | 26 HOUN |
| | (JAE | PE OR PRINT) | 7.74 | llard | Am all ala | | OF ESTI- DEATH MATED | x 10 | 6,79 | 8 M |
| | 3 SEX | K 4. RACE | 5 DATE OF BIRTH | 6 AGE (IN YE | ARS IF UNDER 1 YR. | Prger IF UNDER 24 HRS. | 2c. DATE | MONTH | DAY YEAR | 2d HOUR |
| | | 20 20 | MONTH DAY | 17 62 Y | AY) MONTHS DAYS | HOURS MIN. | PRONOUNCED DEAD | 10 | 6 1,79 | 250 |
| | 7a B | IRTHPLACE (STATE OR | 7 6 | T COUNTRY? | 2 | | 9. BALTIMORE CITY | OR COUNTY | | M |
| Z. | FC | REIGN COUNTRY) | *** 0 4 | | MARRIED X NEV | DIVORCED | | | | |
| 1 | | aryland ITY OR TOWN OF DEATH | II NAME OF HOSPI | TAL NURSING HOM | WIDOWED | | Frede | | 2b. KIND OF BU | MD. |
| 1 | 100 | | (IF NOT IN SUCH FACIL | LITY, GIVE STREET ADDRESS) | | FOR N | AOST OF WORKING LIFE) | | OR INDUST | RY |
| _ | | rederick AL RESIDENCE (IF IN NURSING HOME (| | ck Memor | | tal Far | rmer-tru | cker | tenan | t |
| ı | | TATE 13b. COUN | ITY | 13c. CITY OR TOWN | 13d. INSIDE CIT | Y LIMITS? 13e. STRE | EET ADDRESS | | | |
| | | | lerick | Woodsbor | | | 919 Cres | gerst | own Ro | 1 |
| | | ATHER'S NAME FIRST | MIDDLE | LAST | 15. MOTHER | R'S MAIDEN NAME | WIDDLE | | ŁAST | |
| 3 | | | Howard | Angleber | | nie | Olivia | 1 | Crampt | ton |
| ĺ | | WAS DECEASED EVER IN U.S. AR | WAR OR DATES) | 16b. SOCIAL SECURIT | YNO. 17. INFORM | | 11919 | S Crea | gersto | wnRd. |
| | | | Vo | 215-20-8 | 230 Stell | la Angle | berger | | boro, | |
| | | 18. CAUSE OF DEATH (Enter or | ly one couse per line fo | r (o), (b), and (c).) | 1 | C 0. | . 1 | 11. | APPROXIMATE | INTERVAL |
| | | PART I DEATH WAS CAUSE | D BY: TE CAUSE (a) | Merion | cleronc | Carden | Mountai | ruse | NAC. | |
| | | 1 4292 | | S A CONSEQUENCE | OF | | | | | - |
| | | Conditions, if ony, which gove rise to immediate | | | | | | | | |
| N I | | cause (a) stating the under- | | S A CONSEQUENCE | OF | | | | | |
| | - | lying cause last. | (c) | | | | | | | |
| | | PART 2 OTHER SIGNIFICANT CONDITIONS | | T NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION | GIVEN IN PART 1 (a). | | | | |
| | Z | | | | | | | | | |
| | ¥ | 190. DATE OF OPERATION | 196. CONDITIO | ON FOR WHICH OPER | RATION WAS PERFORA | MED? | | | 20. AUTOPSY | ? |
|) | FE | | | | | | | | YES 🗆 | NO 19 |
| 4 | CERTIFICATION | 210. EXTERNAL CAUSE WAS | 21b. TIME OF II | NJURY | 21c. HOW INJURY | OCCURRED LEINTER N | NATURE OF INJURY IN ITEM | 18 PART LOR PART | | 110 [|
| March | | UNDERLYING OR | HOUR A.M. | MONTH DAY YEA | | | | | | |
| | MEDICAL | CONTRIBUTING CAUSE OF | | 19 INJURY (ATHOME. | 211, LOCATION | | | | | |
| | ME | WHILE NOT WHILE I | STREET, FACTOR | | STREET | | CITY OR TOWN | COUR | YTY | STATE |
| | | AT WORK AT WORK | | | | - | | | | |
| | | 22a. I certify that I took charge | ge of the remains descr | ibed above, held on | Autopsy . | Inspection . | Inquiry , | ond in my opin | nion | |
| | | death resulted from Natu | ral causes , A | Academi . Su | picide . Homici | de . Undete | ermined manner | , | | |
| | | R. R. | A MI | | TITLE (SP | PECIFY) | | | | |
| | | ACTUAL / MAC | 4 VV | willey | Dej | puty MEDI | ICAL EXAMINER | DATE | 10/6/ | 79 |
| 1 | | | 0 | | | 812 To | oll House | e Ave. | 11 | |
| S | - | (TYPE OR PRINT) Rob | ert J. Th | nomas, M. | D. ADDRESS | Freder | cick, Md. | . 2170 |)1 | . 9-13 |
| | 23a. B | URIAL, CREMATION, REMOVAL | | | METERY OR CREMATO | | PCATION OR TOWN | | | |
| | 1 | Burial / | 10/9/79 | | e Cemeter | | | COUNT | | TATE . |
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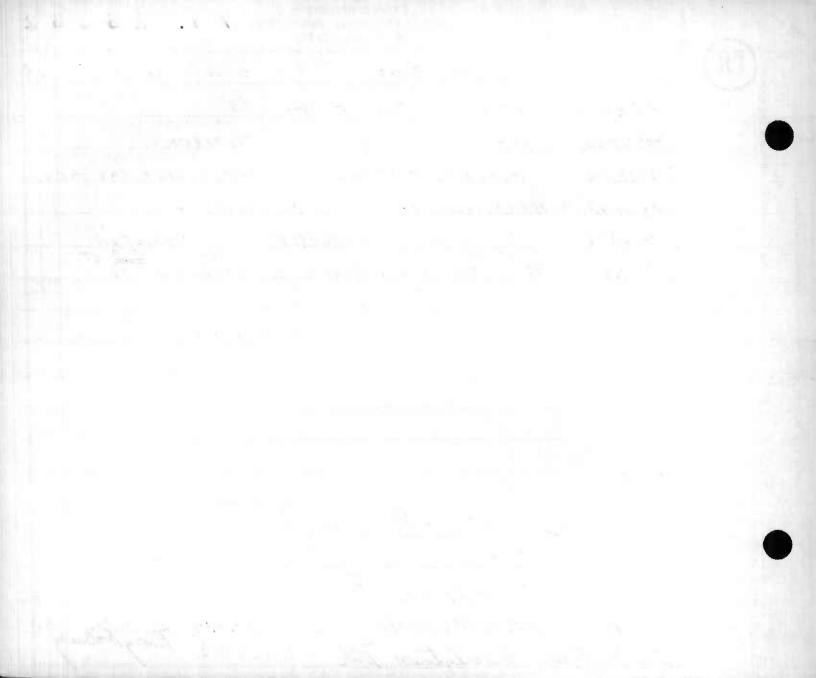
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DHMH - 16 50M 1/76 (VR A 15 (4))

| | REGISTRAR CEASED NAME FIRST | MIDDLE | | LAST | REG. NO. | |
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| (TYPE | Charle Charle | es Kenne | th Ba | ltzell | Octobe | r 29, 1979 11: |
| 3. SE | x Male | 4 RACE White | 5. DATE C | OF BIRTH 8 1912 | 6. AGE (IN YEARS LAST BIRTHDAY | Y IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS |
| Je ≃BI C | IRTHPLACE ISTATE OR FOREIGN COUNTRY) Frederick | 76 CITIZEN OF WHAT C | OUNTRY? 8 MARRIE WIDOW | ED NEVER MARRIED DIVORCED | 9. BALTIMORE CITY OR C Frederick | OUNTY OF DEATH |
| 10 CI | Frederick | 11. NAME OF HOSPITA | AL, NURSING HOME OF STREET ADDRESS! | OR OTHER INSTITUTION Hospital | 120 USUAL OCCUPATION | PRING (IFE) 126 KIND OF BUSINE |
| 13e. S | 0 | or other institution, give result in the control of | DENCE BEFORE ADMISSION) Y OR TOWN ederick | YES NO . | 13e STREET ADDRESS 5724 Butter | fly Lane |
| 14. FA | Charles V | Walter Ba | altzell | is mother's maiden na First Edith | MIDDLE | Adams |
| | WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) HE YES, GI | VE WAR OR DATES] | -34-2213 | Hallie Balt | zell, Butterf | ly Ln., Fred., |
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| IFICATION | Conditions, if any, which gove rise to immediate cause 101, storing the | DUE TO, OR AS A CO | CONSEQUENCE OF | NOT RELATED TO THE TERM | AIN AL DISEASE OR CONDITION LONG 200 AUTOPSY? 200 | ON GIVEN IN PART 1101 LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT |
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| | 1. | FOR STATE REGISTRAR | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH | | 5 3 8 2 |
|--|---------------|--|--|--|---|
| (M) | (TYPE | CEASED NAME FIRST OR PRINT) MARY | ELIZABETH BEARD | October 16, | 1979 3:15-PM |
| age 4 mg meter, no other | 3 SE | FEMALE | A RACE S DATE OF BIRTH MONTH DAY SUME 29 189 | 74 85 YRS | IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN |
| dealer P | 9 | RTHPLACE (STATE OR FOREIGN DUNTRY) WHRYLAND ITY OR TOWN OF DEATH | Th CITIZEN OF WHAT COUNTRY? MARRIED ☐ NEVER MARRIE WIDOWED ☑ DIVORCE 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION | O D FREDERICK | MD. 128. KIND OF BUSINESS OR |
| and | F | REDERICK | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MEMARIAN THAT HOSPITAL OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION | ITYPE OF WORK FOR MOST OF WORKING LIFE HOUSEKEEPER | INDUSTRY OWN HOME |
| othin 24 ho | 130 | STATE 136 COUN | DERICK FREDERICK 134 INSIDE CITY LIM VES NO 15. MOTHER'S MAID | X ROUTE I | |
| ond ond | Ita X | GEORGE VAS DECEASED EVER IN U.S. AR | MDDLE LAST FIRST MRCHR MED FORCES? 146 SOCIAL SECURITY NO 11 INFORMANT | FT HAMIL | TAN LAST |
| Poges Poges | (| YES, NO OR UNKNOWN] (IF YES, GIVE | WAR OR DATES) 212-38-86670 MARY KA | 1504 W L | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| equires froit the attending is Then please remove carbon rio burial, cremation, or res injury, or other traumatic ex- | NO | Conditions, if any, which gave rise to immediate cause (b), stating the underlying cause last | DUE TO, OR AS A CONSEQUENCE OF | E TERMINAL DISEASE OR CONDITION GIVE | N IN PART 1(0) |
| ricon. The hos been sit permit rigiene prior shows any in | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED | YES NO YES | WERE FINDINGS USED /ING CAUSES OF DEATH? |
| us certificate has burial-transit per Mental Hygiene or item 18 shaws | MEDICAL CE | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED | HOUR A.M. MONTH DAY YEAR P.M. 19 218 PLACE OF INJURY 211 LOCATION | OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PA | |
| ECTOR. After the d for use as the it of Health and m 21 is marked a | ME | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET tol) ottended the deceosed from | | 9 , that y (we) lost and from the causes stated 22c. DATE SIGNED |
| TO FUNERAL DIR. should be detache with the State Dep IMPORTANT: If he | | 226 PHYSICIAN'S NAME LITTE OF | RPRINTI 1 220 ADDRESS I SMITH JR 804 TOLL | HOUSE AVE FRE | DERICK MD |
| BP | | BURIAL, CREMATION, REMOVAL SPECIFY) BURIPLE UNERAL DIRECTOR | OCT 26-1979 CHAPEL | CITY OR TOWN LIBERTY TOWN So. DATE REC'D. BY REGISTRAR 250 PEGISTRAR So. DATE REC'D. BY REGISTRAR 250 PEGISTRAR | RURAL MD |
| DHMH-16 20M [VRA 15, 4) 7/7B | | 10 Hartzler | Filertistown Md | OCT 2 4 1979 | |



G. Douglas Stauffer, Rt. 10, Frederick, Md. 21701

(VR A 15 (4))

STATE OF MARYLAND

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| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hour after death. Figure 4 may be retained by the hospital or ottending physician. |
|--|
| TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the times director. Described to use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be first within 72 found the permit with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. |
| IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be eatilised in order |
| |

STATE OF MARYLAND 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | REGISTRAR | | | | CERTIF | ICATE OF DEA | ATH | LI RAIL | REG. NO |). | | |
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| | | CEASED NAME OR PRINT) | Lew1s | | H. | | BOYER | | Oct | ober | 27. | 1979 | 26. HOUR P. M |
| | 3 SE | Mal• | | 4 RACE Whit | • | S. DATE O | DAY | O' 7 | 6. AGE (INY) | EARS LAST BIRTH | HDAY) | IF UNDER I YEAR | IF UNDER 24 HRS HOURS MIN |
| 5 | N | RTHPLACE (STATE QUNTRY) | d | U.S | | WIDOWE | | RCED [| Fre | deric | k C | ounty, | MD. |
| 4 | F | rederi | ck | Freder | HOSPITAL, NURSIN HEACILITY, GIVE STREET, LCK Mem | oria. | NOTHER INSTITU | tal | 126 USUAL (TYPE OF WORL Plan | occupation of the Mgr | WORKING L | | Co. |
| 1 | 130 S | AL RESIDENCE (IF STATE Aryland | 13h COUN | | 13L CITY OR TOWN | ick | 13d INSIDE CITY YES A NO | LIMITS? | 13. 586 | Cul] | ler I | Avenue | |
| 21 | 14. FA | THER'S NAME FIRST John | | WIDDIE | Boyer | | 15 MOTHER'S M. FIRST | | ME | WIDDLE | | Lutz | 51 |
| 1 |)6c V | VAS DECEASED E YES, NO OR UNKNOWN | VER IN U.S. AR | WAR OR DATEST | 214-10- | | 17. INFORMANT Mrs. | Hal | lie V | BOY K. Ma | ss rer ry1: | 500 C | uller 701 |
| | CERTIFICATION | Conditions, if gove rise to couse 10), is underlying c | ony, which immediate toting the ouse lost. | DUE TO, OI | R AS A CONSEQUE ONTRIBUTING TO D TION FOR WHICH | NCE OF | mina | 1 9 | INAL DISEAS | 9 | 20b. IF YE | VEN IN PART 10 | NGS USED |
| | MEDICAL CERT | 216. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY A 21d INJURY OCC | CAUSE OF DEA | P. 21e PLACE | m, month da m. | 19 | 211 LOCATION STREET | RY OCCURR | | | Y IN ITEM 18, | | STATE |
| | | 22a.1 certify tha | | tol) ottended/th | e deceosed from | - | nd that in my (ou | | deoth occurre | | | ur and from the | |
|) | | 22d. PHYSICIAN | S NAME (TYPE O | | ne, III | MD | 220 ADDRESS 804 To | 10. V | 1112 | | 10 | 10 | , Md. |
| | 23c E | BURIAL, CREMATI | ON, REMOVAL | Oct 3 | | | EMETERY OR CRE | mete | ry Fr | ation eder: | lek : | COUNTY Freder | ick, Md. |
| | SI | of E. | deley | St., Fr | Barfor | d Ma | 1761E | Iome DATE | NOVO | EGISTRAR | | TRAB'S SIGNAT | |

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DHMH - 16 50M 7/77 (VR A 15 (4))

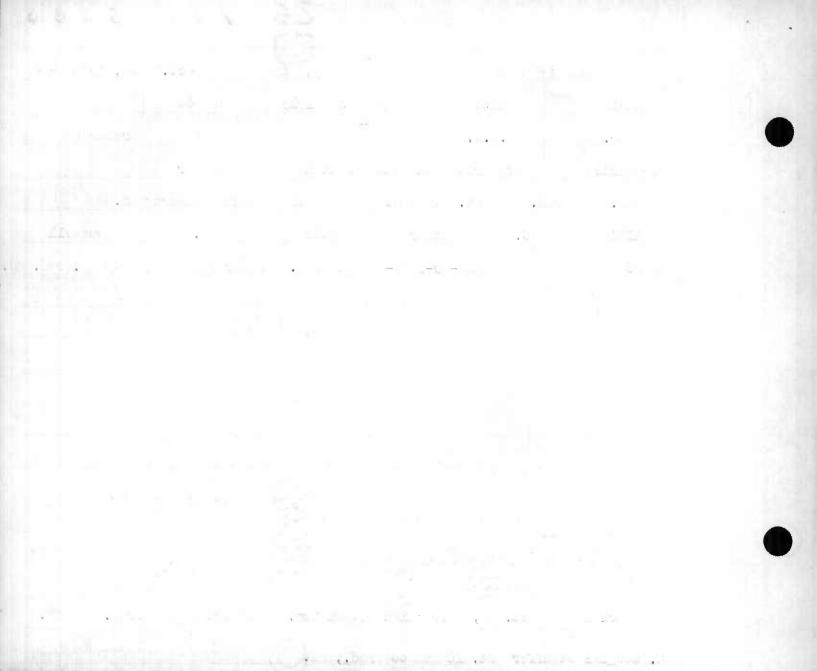
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STATE OF MARYLAND



FOR

- STATE

(VRA 15, 4) 7/78

REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY ITIEZD////kvu Hufton ADDRESS Stanley H. Cann, 30 N.WisnerSt, Frederick, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH L'ARDIACHORDY PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE that in (my) (our) opinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN 2170 Oct 30, 1979 Arlington Nat'L Cem, Arlington Arlington Va. Keeney & Bastora Funeral Home 250 DATE REVIOLEY REGISTRALIZED REGISTRALI 106 East Church Street, Frederick, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

HOURS

IF UNDER 24 HRS

IF UNDER I YEAR

DAYS

Late of the second seco THE PERSON OF TH Per X T and the state of t the same of the sa A STORY - CARLO SEE LABOUR A STORY - VARIOUS the succession of the successi

| | FOR - STATE | | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | | | | | | |
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| | REGISTRAR | | MEI | | | | REG. NO. | | |
| | CEASED NAM PE OR PRINT) | John | 1 | latther | Chaney | 20. DATE KN OF E DEATH M. | STI- | 28 19 19 12 A | |
| 3. SE | M IRTHPLACE (S | White S | DATE OF BIRTH MONTH DAY Sept. 25 CITIZEN OF WH | YEAR 6. AGE (IN YEAR LAST BIRTHON 62 YR IAT COUNTRY? | Y) MONTHS DAYS HOURS | DEAD | D 10 | 28 79 12 A | |
| 5 " | Virgi | nia | U.S.A. | | | PRCED | F | rederick | |
| 10. C | TY OR TOWN OF DEATH Frederick | | | PITAL, NURSING HOME, LUITY, GIVE STREET ADDRESS K. Memorial | OR OTHER INSTITUTION Hospital | Heavy Equi | S LIFE) | Cement Co. | |
| | AL RESIDENCE | (IF IN NURSING HOME OR O | ther institution, Gr derick | residence before admission of the trederich | 134 INSIDE CITY LIMITY | | Trailer | Park | |
| 14. F | ATHER'S NAME | | AIDDLE | LAST | 15. MOTHER'S MA | IDEN NAME MIDDI | ε | LAST | |
| 160 \ | Matthew WAS DECEASE YES, NO, OR UNKNO | D EVER IN U.S. ARMEI | | Chaney | | | ADDRESSOX 2 | Martin 27, Injamsvil | |
| | No. | (IF YES, GIVE WAI | (OKDATES) | 246-40-3672 | Dewey Le | e Chaney Rt. | 1, 30x | 7 6 Fred., M | |
| | gave ri cause (a lying cau | Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | | | | | | | |
| ATION | 19a. DATE OF | FOPERATION | 19b. CONDIT | ION FOR WHICH OPERA | ATION WAS PERFORMED? | | | 2D. AUTOPSY? | |
| THE SE | | | | | | | | YES NO | |
| MEDICAL CERTIFICATION | UNDERLYING | AL CAUSE WAS G OR ING CAUSE OF DEA | | INJURY MONTH DAY YEAR . 19 | 21c. HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY | IN ITEM 18 PART 1 OR I | PART 2) | |
| MEDI | WHILE AT WORK | | | OF INJURY (AT HOME, ORY, FARM, ETC.) | 211. LOCATION STREET | CITY OR TOWN | C | OUNTY STATE | |
| | AT WORK | | | | | | | | |
| | | ify that I took charge o | of the remains des | | Autopsy , Inspecial Inspecial Inspecial Inspecial Inspecial Inspection Inspec | | DATI | 10/28/19 | |
| 2 | 22a I certi death result ACTUAL SIGNATURE | ify that I took charge of ted from: Natural | A D | Accident , Sui | cide . Hamicide | Undetermined mann MEDICAL EXAMIN 2 Toll | er DATI SIGN HOUSE A | 10/28/79 live. | |
| 230 6 | 22a. I certi death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI | ify that I took charge of the from: Natural Natural NAME Robe | ert J | Accident , Sui | Hamicide TITLE (SPECIFY M.D. Deput | Undetermined mann MEDICAL EXAMIN Frederick | er DATI SIGN House A , Md. 2 | 10/28/79 live. 21701 | |
| | 220. I certi death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI BURIAL, CREMA (SPECIFY) | ify that I took charge of the from: Natural Natural Natural NAME Robert NTION, REMOVAL 1236. | A DATE | Phomas M. 23c. NAME OF CEA | Hamicide TITLE (SPECIFY M.D. Deput D. ADDRESS METERY OR CREMATORY Livet Cem. | Undetermined mann MEDICAL EXAMIN 2 Toll | er ER DATI SIGN HOUSE A , Md. 2 | 10/28/79 AVE. 21701 BUNTY STATE and Md. | |

Item #17 Film G537 11/19/79 rc STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

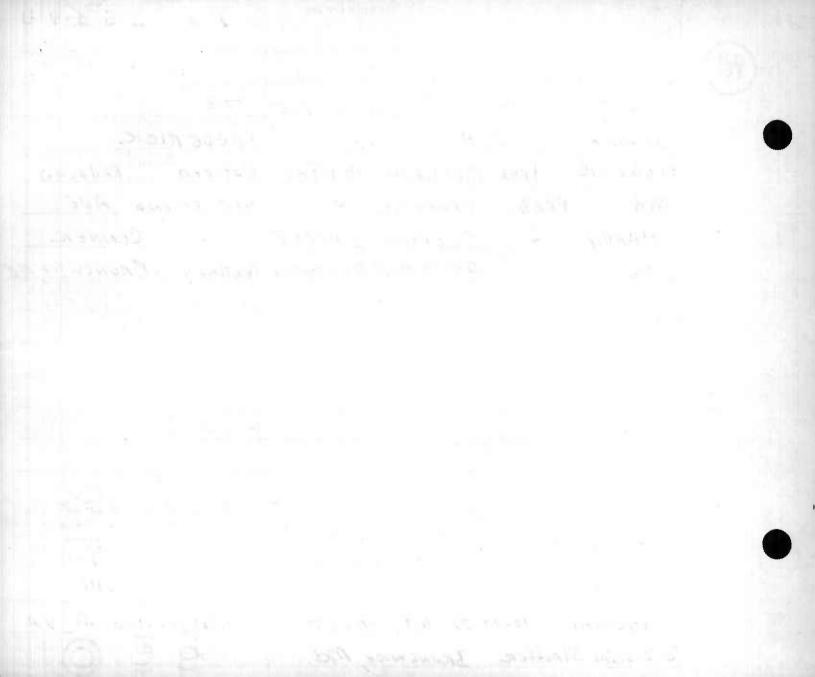
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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106 East Church Street, Frederick, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

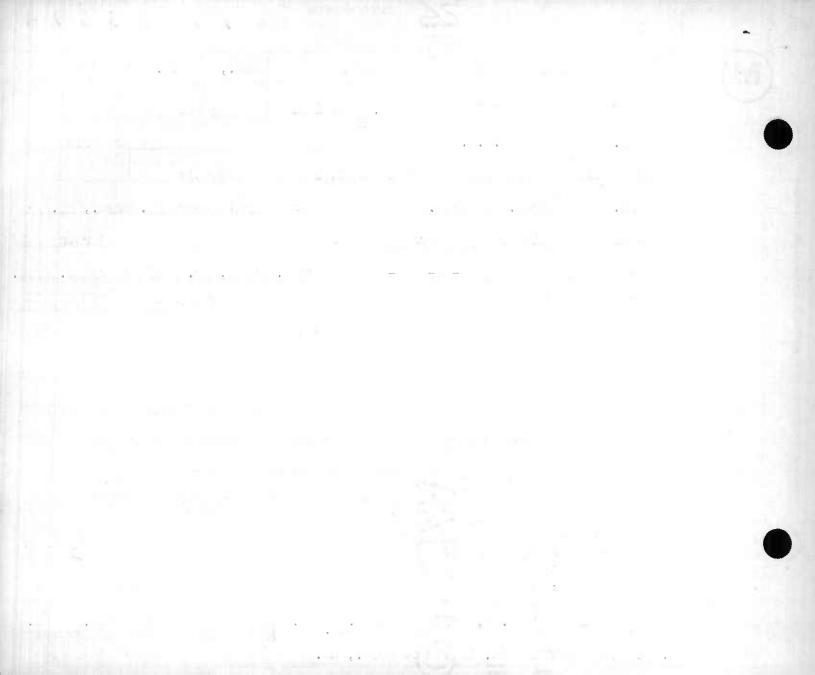
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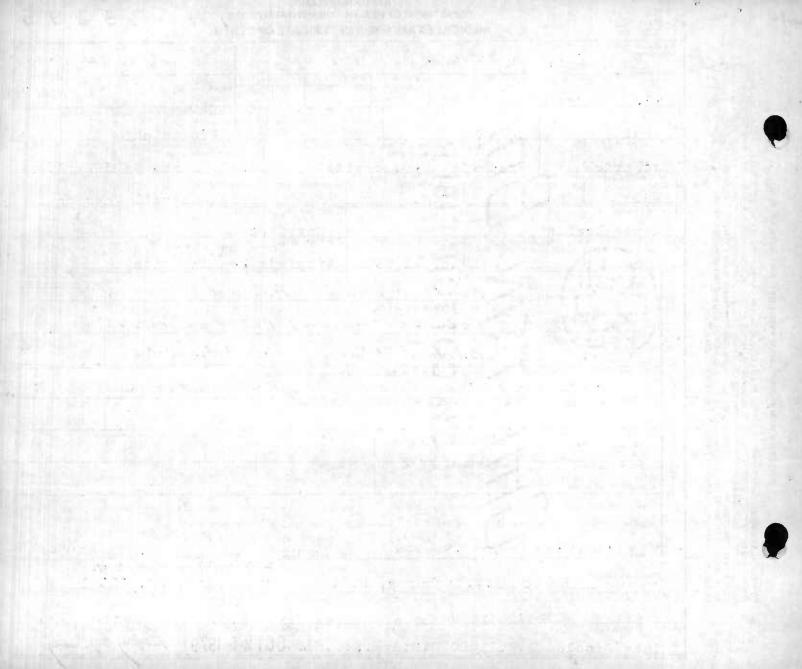
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| | 1 - | FOR STATE REGISTRAR | | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 7 9 REG. NO. | 25394 |
|--|---------------|---|---|---|---|---|
| t) | 1. DEC | EASED NAME FIRST OF PRINT) Bessi | e Ross | Diggs | Wed., Oct. | 31 1979 2 A M |
| 1 | 3. SE) | Female | 4 RACE Black | S DATE OF BIRTH MONTH OAY YEAR Feb. 22 1908 | 6. AGE (IN YEARS LAST BIRTHDAY) | # UNDER I YEAR IF UNDER 24 HRS MONTHS GAYS HOURS MIN. |
| 35 ouce | 7a 81 | RTHPLACE ISTATE OR FOREIGN UNTRY) Md • | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY <u>OR</u> COL | Frederick MD. |
| 804 | 10 CI | r or town of death Frederick | 11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET Frederick Memo | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Domestic | NG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY |
| 36 | 13a. S | Md. 136 COU | ROTHER INSTITUTION, GIVE RESIDENCE BEFORM INTY 13c. CITY OR TOV Fred. Fred. | YES NO X | 13e. STREET ADDRESS 5817 Tobery R | d. Fred. Md. |
| exomine 00 | | | Richard Ros | | MIDDLE | Barton |
| the medicol | | (AS DECEASED EVER IN U.S. A es, no or unknown) (IF yes, Gt No | RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES) 220-30-5 | | Diggs, Sr. 581 | 7 Tobery Rd. Fred |
| r to buriol, cremation, or removal injury, or other troumotic event, th | NOI | Conditions, if ony, which gave rise to immediate cause io), stating the underlying cause lost. | DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) | CHIA | MINAL DISEASE OR CONDITION | 1045 |
| 18 shows ony | CERTIFICATION | 196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING | | OPERATION WAS PERFORMED | YES NO | F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO |
| Dept. of Heolih and Mental If Hem 21 is marked or Hem | MEDICAL CE | OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 71d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK NOTIFY HOT (I) (this hose sow the decent of dive o | HOUR A.M. MONTH D.P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. | AY YEAR 19 211 LOCATION STREET | MEDICAL STAFF | COUNTY STATE , 19 , that (i) (we) lost I hour and Irom the course stated |
| with the State | | 22d. PHYSICIAN S NAME (THE | et | 22R ADDRESS | rail Fe | edululul |
| _ [| (5 | URIAL, CREMATION, REMOVA Burial | Nov. 3, 1979 J | name of cemetery or crematory ackson U Metho. C | hurch Bartonsvi | |
| 5 20M 4) 7/7B | 24 FU | NERAL DIRECTOR Douglas Stauf | fer Rt. 10 Box | 66 Fred., Md. | FE SESTEMBLE CONTRACTORS. RE | MISTRARS SISMATURE |



| 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE 5. DATE OF BIRTH DAY YEAR 6. AGE (N YEARS 1. LAST BIRTHON) MORNINS MIN. DOED DEAD 7. CITIZEN OF WHAT COUNTRY? 8. SEPARATE OF PRONOUNCED DEAD 7. CITIZEN OF WHAT COUNTRY? Penn. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (INVOIT N SUCH FACILITY, ONE STREET ADDRESS) WISHOR SUCH FACILITY, ONE STREET ADDRESS) 130. STATE 131. CITY OR TOWN 132. CITY OR TOWN 133. CITY OR TOWN 134. MORNINS MODIE Thomas Donlin Mary Peth 144. FATHER'S NAME MIDDLE THOMAS DOCASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOW) 145. NO, OR UNKNOW) 156. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. MMEDIATE CAUSE (a) ACUST B. MY O CAUSIAN FART I (a). PART 2 DTHER SIGNIFICANT CONDITIONS CONTIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE OR CONDITION OF THE RATIONS (c) PART 2 DTHER SIGNIFICANT CONDITIONS CONTIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE OR CONDITION OF THE RATIONS 1. DATE MORNING 1. MADDLE TO DATE KNOW OF EST READ TYPE PRONOUNCED DOAD 7. BATLIMORE 7. DATE NOW PRONOUNCED DOAD 7. BATLIMORE PRONOUNCED 1. BASTERE ADDRESS NO DEAD 1. MARCH ACLERT, ONE STREET ADDRESS 1. MODIE THOM OF THE SIGNIFICANT OF THE MARCH ADDRESS NO DEAD 1. MARCH ACLERT, ONE STREET ADDRESS 1. MODIE TO DATE SIGNIFICANT 1. MARCH ACLERT, ONE STREET ADDRESS 1. MARCH ACLERT, ONE STREET ADDRESS 1. MODIE 1. MARCH ACLERT, ONE STREET ADDRESS 1. MODIE 1. MARCH ACLERT, ONE STREET ADDRESS 1. MARCH ACLERT, ONE STREET ADDRESS 1. MODIE 1. MARCH ACLERT, ONE S | MONTH DAY YEAR 18 HOU 170 22 19 79 1700 CITY OR COUNTY OF DEATH PICK M (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY) TE Self-Empl. Tell Terrace LAST DRESS e Wife) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| A SEX A RACE S. DATE OF BIRTH MONTH DAY YEAR STREET ADDRESS PRODUNCED DEAD MIN. PRONDUNCED DEAD MARRIED STREET ADDRESS PRODUNCED STREET ADDRESS PRODUNCED DEAD MARRIED STREET ADDRESS PRODUNCED STREET ADDRESS PRODUNCED DEAD MARRIED FOR COST. STREET ADDRESS PRODUNCED DEAD MARRIED FOR CES? Thomas Donlin 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: A CAUTE MY O CANDIAL FAILURE NAME AND CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF LINE OF THE MARRIED FOR CES? (c) PART 2 DIRER SIGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BUT NOT TELEMINAL DISEASE DR CONDITION GIVEN IN PART I (a). | MONTH DAY YEAR 28 HOU 10 22 19 79 170 CITY OR COUNTY OF DEATH TICK M (TYPE OF WORK 12B. KIND OF BUSINESS OR INDUSTRY) TE Self-Empl. Tell Terrace LAST DRESS e Wife) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| Male White June 11 21 58 YRS. 76. BIRTHPLACE (STATE OR FORCES) 76. CITIZEN OF WHAT COUNTRY? Penn. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IP AND IN SUCH FACILITY. GIVE STREET ADDRESS) Frederick Frederick Frederick Mem. Hospital USUAL RESIDENCE (# IN NURSING-MOME OR OTHER INSTITUTION, GIVE RESIDENCE BÉFORE ADMISSION) 136. STATE 136. COUNTY 137. INSIDE (IT LIMITS? 138. COUNTY 138. TATE 138. COUNTY 138. COUNTY 138. COUNTY 138. MOTHER'S MAIDEN NAME FIRST MODILE Thomas Donlin 169. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NONE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF LOW OF THE MEMORY ARTERLY ARTERLY DUE TO, OR AS A CONSEQUENCE OF LYMPHOLIS OF THE MEMORY ARTERLY ARTERLY DUE TO, OR AS A CONSEQUENCE OF LYMPHOLIS OF THE MEMORY ARTERLY ARTERLO SC (c) PART 2 DTHER SIGNIFICANT (DNDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (DNDITION GIVEN IN PART 1 (a). | MONTH DAY YEAR 21 HOU 170 CITY OR COUNTY OF DEATH TICK M (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY SEE SELF - Empl. Tell Terrace LAST DRESS e Wife) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| 14. FATHER'S NAME FIRST Thomas Donlin Thomas Donlin 16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) None 18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION IN PART 1 (a). | DRESS e Wife) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| PART I DEATH WAS CAUSED BY: How Manual Court Myo Cardial Failure | BETWEEN ONSET AND DEATH |
| Canditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF Color ARY ARTERY ARTERIOSE DUE TO, OR AS A CONSEQUENCE OF PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). | laurie |
| Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | lavarie |
| cause (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF lying cause last. (c) TBilateral Pulmonary metastatic PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). | 12010113 |
| lying cause last. (c) TBilateral Pulmonary metastatic PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). | 6,03 |
| | CA |
| 19 DATE OF OPERATION IN COMPTION FOR WHICH OPERATION WAS PERFORMED. | nowN |
| [19] DATE OF OPERATION 19). CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20. AUTOPSY? |
| | YES NO |
| Meta Static Actual cave on once - origin were 190. Date of operation 190. Condition for which operation was performed? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 190. Date of operation 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 190. Date of operation 210. EXTERNAL CAUSE WAS STREET, FACTORY, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN | TEM 18 PART 1 OR PART 2) |
| 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 21e. PLACE OF INJURY (ATHOME, STREET CITY OR TOWN STREET, FACTORY, FARM, ETC.) 21d. INJURY OCCURRED STREET CITY OR TOWN | COUNTY STATE |
| 220. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . | and in my apinian |
| death resulted fram: Natural causes , Accident , Suicide , Hamicide Undetermined manner | 254 |
| ACTUAL DEST TO DEST TO | DATE 10/22/79 |
| SIGNATURE | |
| FXAMINER'S NAME | Md. 21701 |
| | |
| (SPECIFY) | 114. 21/01 |
| Burial 10/24/79 Gate of Heaven Cem. S.S. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25 | COUNTY STATE |
| Hines/Rinaldi F.H. 11800 N.H. Ave. S.S. Md. OCT 2 5 1979 | COUNTY STATE Mont. Md. |

STATE OF MARYLAND



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

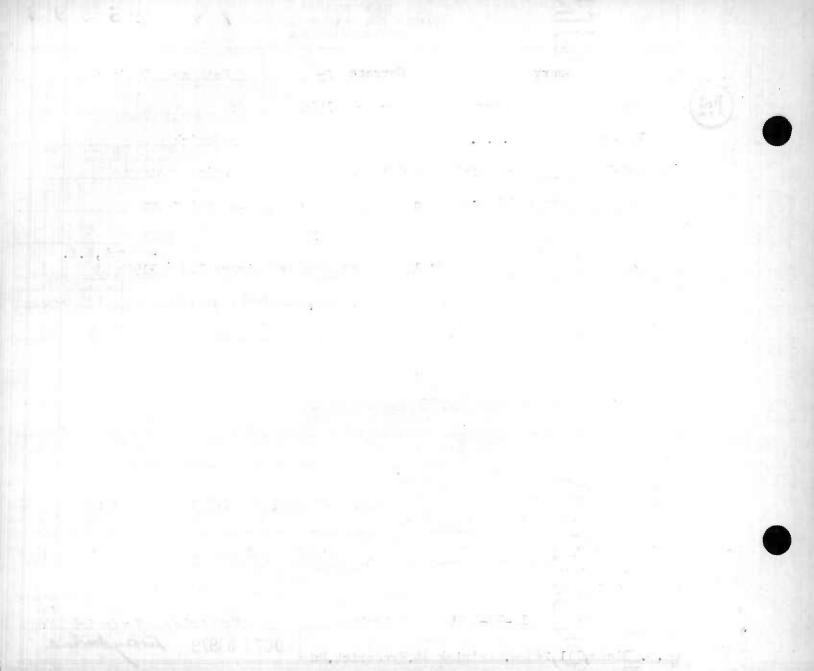
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|-------------------|---------------------|-------------------|--|---------------|----------------|---------------|---------------|-----------------|------------|------------------------------|------------|------------|--------------------|-----------------------------|
| 1. DEC | EASED NAME | FIRST | | MIDDLE | | ı | AST | | 20 | a. DATE K | NOWN [| MONTH | DAY YEAR | P 2b. HOUR |
| - Cine | ORPRINT | HAROL | D | | | FAIF | RCLOT | H, JR. | | DEATH | ESTI- | 4 1 | wks. ₁₉ | M |
| 3. SEX | 4. | RACE | S. DATE OF BIRTH | YEAR | 6. AGE (IN YE | ARS IF UNI | | IF UNDER | | C DATE | CED | MONTH | DAY YEA | 20.11001 |
| mal | | white | 7 10 | 46 | 33 Y | | DATS | HOURS | MIN. | DEAD | CED | 10 | 20 19 7 | 9 10a M |
| 7a. BIR | THPLACE (STAT | E OR | 76. CITIZEN OF WE | AT COUNT | TRY? | 8. MARRIE | D X NE | VER MARRII | ED 🗆 9 | BALTIMO | ORE CITY O | R COUN | TY OF DEATH | |
| No: | rth Ca | rolina | U. | S.A. | | WIDOWE | ED 🗆 | DIVORCE | ED 🗆 : | | rick | | | MD. |
| 1 | Y OR TOWN OF | | 11. NAME OF HOS (IF NOT IN SUCH FA Potomac | Rive: | reet address) | | R INSTITU | JION | | al occup. OST OF WORK nage | | | Transi | BUSINESS STRY nission |
| USUAL 13a. ST. | | IN NURSING HOME O | ROTHER INSTITUTION, GR | | OR TOWN | | 13d. INSIDE C | CITY LIMITS? | 13e. STREE | ET ADDRES | S | | | |
| Maı | cyland | Balt | imore | | ssex | | YES 🗌 | NO 🔀 | 10 | 39 S | outh | Mar | lyn A | Ave. |
| | THER'S NAME | | MIDDLE | Ł | AST | | 15. MOTH | ER'S MAIDE | NNAME | MI | ODLE | | s. LAST | |
| | Harold | | F | | loth, | | | llie | | M | ae | | But | |
| 16a. W | AS DECEASED 1 | VER IN U.S. ARA | WAR OR DATES] | 166. SOC | IAL SECURIT | Y NO. | 17. INFOR | | 11-15 | 103 | 9ADDRESS | Mar | lyn A | venue |
| Ye | es | Viet | nam | 218- | -44-7 | 881 | Ter | ri L | ee F | airc | loth- | -Bal | to.MD | 21221 |
| | 18 CAUSE OF I | DEATH (Enter onl | y one couse per line DBY: | for (a), (b), | ond (c) | | | | | | | | APPROXIM | ATE INTERVAL |
| | PARTIDEA | | D BY: 'E CAUSE (a) | DIG | MITTIE | | | | 11-1-1 | | 1.6 | | | |
| 7 | 802 | _/ | DUE TO, OR | AS A CONS | SEQUENCE | OF | THE | | | | | | | |
| | | if ony, which | (b) | | | | | | | | | | | |
| | | oting the under- | DUE TO, OR | AS A CONS | SEQUENCE | OF | | 1777 | | | | | | |
| | | | (c) | | | | | | | | | | | |
| | PART 2 OTNER SIGN | FICANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELAT | ED TO THE TERM | NINAL DISEASE | OR CONDITIO | ON GIVEN IN PAR | RT 1 (a). | | | | | |
| ON N | | | | | | | | | | | | | | |
| CERTIFICATION | 19a. DATE OF O | PERATION | 19b. CONDIT | ION FOR W | VHICH OPER | ATION WA | AS PERFOR | RMED? | | | | | HAAT B | & ABD. |
| E | | | | | da l | | | | | | | | YES X | NO 🗆 |
| S. C. | 21a EXTERNAL | | 11b. TIME OF HOUR A.M | MONTH | DAY YEAR | | | OCCURRE | | | | | | |
| CAL | | OR CAUSE OF D | | | DAY YEAR | | oject | drown | ned. a | after | being | g thr | rown fr | om a |
| MEDICAL | 21d. INJURY OC | | 21e. PLACE C STREET, FACT | | | 21f. LOC | | D: | | CITY OR TOW | N | T- 60 | raft. | 3 SHATE |
| 1 | AT WORK | NOT WHILE X | wa | ter ter | | Poto | | River | | | | rred | erick | Md. |
| | 22a. I certify | that I took chara | e of the remains des | cribed obov | re, held on | Autops | 177 | Inspection | | Inquiry | On. | d in my or | pinion | |
| | death resulted | | ol couses . | | 72 | icide | | icide . | | mined mo | | , 0 | | |
| | | M | | - | , 00 | | | SPECIFY) | 500161 | | | | | |
| | ACTUAL SIGNATURE | MA | WAST | 0 | - | M.I | | istan | t MEDIC | CAL EXAM | INFR | DATE | 10-2 | 21-79 |
| | | Ann | M. Dixor | MIT | | 77(,) | | 111 P | | | II TER | 310141 | | |
| | EXAMINER'S N. | AME PILL | M. DEXOL | را ، الا و ا | • | | ADDRESS_ | - Little F | CIIII D | | | | | |
| 23a. BU | | ON, REMOVAL 2 | 3b. DATE | 23c. N | AME OF CE | | | ORY | 23d. LOC | ATION | | cou | INTY | STATE |
| 1 | Buri | al | 10/24/7 | 9 Be | l Air | Mem | noria | al | Bel | ATION Air | H | arfo | ord Ma | ryland |
| 24. FU | NERAL DIRECTO | PDuda-1 | Ruck, In | C. | | | | 25a. DATE R | EC'D. BY F | REGISTRAF | 1256 DER | STRAR'S | SINATURE | |
| 7 | 922 Wi | se Aver | nue, Dun | dalk | , MD | 2122 | 22 | OCT | 2 2 19 | 79 | fre | Auy/ | Kelrud | 4 |

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II DESTRUCTION STATES STATES TO SERVICE STATES Service of the servic utming formed to the first the first the formed to the first the f Predender a Traderick February Formation Services Many and Wrederlak Woodsbore & 11329 Jones the Dank | Chester | Side | Core Tedamil Burial Actabert Cole actabase State The state of the s

| | 1 | FOR STATE REGISTRAR | D | EPARTMENT | STATE OF MARYLAND OF HEALTH AND MENTAL HY RTIFICATE OF DEATH | YGIENE 7 9 | 2 | 5 3 | 9 9 |
|---|---------------|--|--|--|--|---|------------------------|-------------------|-------------------|
| | | CEASED NAME FIRS | T MIDDLE | | LAST | 20 DATE OF DEATH | MONTH D | AY YEAR | 2b. HOUR |
| | | He | nry | Ga | rrett Jr | October | r 7 | 1979 | |
| 7 | 3. SE | X | 4 RACE | | ATE OF BIRTH | 6. AGE JIN YEARS LAST BIR | THDAY) | FUNDER I YEAR | IF UNDER 24 HRS |
| 49 | | Male | Negro | De | | 68 | YRS. | IONINS DAYS | HOURS MIN |
| 40 | (| RTHPLACE (STATE OR FOREIGN OUNTRY) Alabama | 7. CITIZEN OF WHAT CO | UNTRY? | ARRIED NEVER MARRIED | | T 2 | OF DEATH | |
| | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G | NURSING HO | ME OR OTHER INSTITUTION | 12e USUAL OCCUPAT (TYPE OF WORK FOR MOST O | ION OF WORKING LIFE | INDUSTRY | F BUSINESS O |
| 504 | | derick | Frederick N | | | Canning | factor | У | |
| d Style | 130 | STATE 13b C | | nce before admis Or town Brick | 13d INSIDE CITY LIMITS? | 800 Mottes | r Ave | | |
| 10 (xomine | 14 F | THER'S NAME FIRST UNKN | | LAST | 15 MOTHER'S MAIDEN N | | UNKN | LAS | ī |
| | lée. V | WAS DECEASED EVER IN U. | S. ARMED FORCES? 166 SOCI | AL SECURITY N | | ADDRI | | York, N. | Y |
| medica | (| YES, NO OR UNKNOWN) I IF YE | S. GIVE WAR OR DATES) | 3 1108 | A Mrs Cora Lee | Rivers 300 | E 119 | | |
| any injury, ar other traumatic event, the | CERTIFICATION | Canditions, if any, whice gave rise to immediate cause (a), stating the underlying cause las | DUE TO, OR AS A CO | NSEQUENCE ON THE STATE OF THE S | elente lear | M ALALANA RMINAL DISEASE OR CON 1200 AUTOPSY? | | N IN PART 110 | |
| Shows 2 | RTIFIC | | | | | YES NO | YES | ING CAUSES | OF DEATH? |
| or Hem 18 | MEDICAL CE | 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED | DE DEATH HOUR A.M. MON P.M. 210. PLACE OF INJURY | , | 19 211 LOCATION | JRRED (ENTER NATURE OF INJU | | COUNTY | STATE |
| morked | • | WHILE AT WORK NOT WHILE AT WORK | hpspital) attended the deceased | t trom Or | 12nd 19/90 | 16 to 10 ? - | | 0 701 | that (I) (we) las |
| 216 | | saw the deceased alivabave, (I) (we) (did) (d | re on 10 "7-74 lid nat) view the body after deat | | . and that in (my) (pur) apinio | | ate and haur | and from the | couses stated |
| STANT: If her | | 22b. SIGNATURE | amartin | 7 | | MEDICAL STA | IAN [] | 22c. DATE | 7-79 |
| IMPORTANT: | | 224 PHYSICIAN'S NAME (| 2 MARTIN | | Freder | PARILET Md. 2 | 1701 | | |
| 3 | 23e | BURIAL, CREMATION, REMO SPECIFY) Burial | 23b. DATE 10-13-1079 | | OF CEMETERY OR CREMATORY | 238 LOCATION CITY OR TOWN Frederic | | county rederic | STATE Md |
| - | 24 F | UNERAL DIRECTOR | | | | ATE REC'D. BY REGISTRAR | | | |
| 20M 1) 7/78 | G. | E. Hicks 111 | 263 W. Petricl | oress CS+ Fr | _ 0 | ICT 1 5 1979 | print | my store | Shoot |



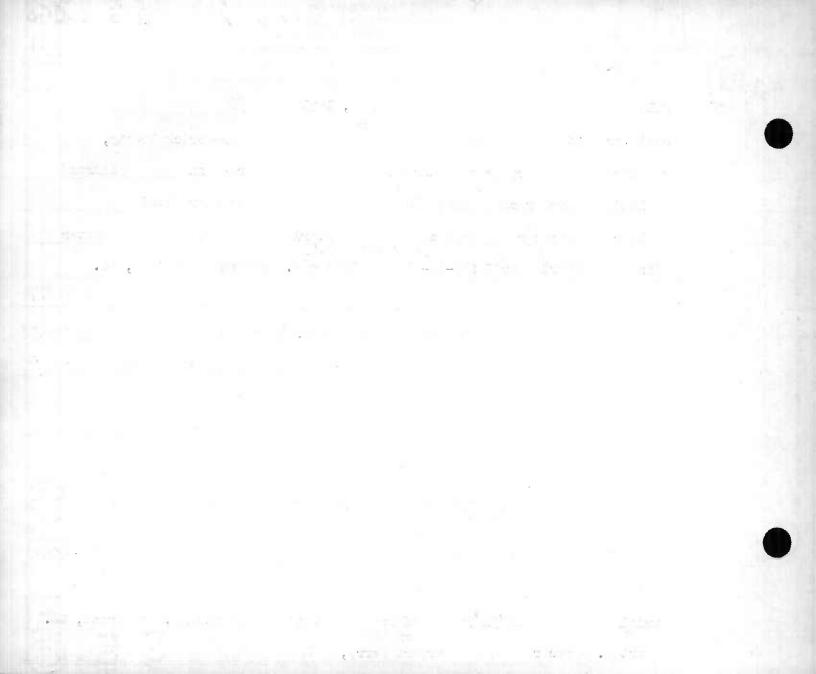
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| 150 | 1. DEC | REGISTRAR CEASED NAME OR PRINT) | FIRST | 17712 | MIDOLE MIDOLE | | AST | 0. 52 | 20. DATE KNOWN | NO. | 1 h 373 76. HC |
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| WI) | {TYPI | | James | Rob | ert | Hicks | Sr | | OF ESTI- | 010 | 419/9 |
| | 3 SEX | | 4 RACE | S DATE OF BIRTH | 6 AGE (IN YEAR LAST BIRTHE | ARS IF UNE | DER 1 YR. JIF UNE | DER 24 HRS | 2c. DATE PRONOUNCED | 70 | A TON HE |
| 8 | | Male | Negro | May 13 | | RS. | DATS HOURS | MIN. | DEAD | 101 | 7 10/7 |
| | 7a. BI | REIGN COUNTRY) | ATE OR | 76 CITIZEN OF WE | HAT COUNTRY? | 8. MARRIE | D NEVER MA | RRIED | 9 BALTIMORE CIT | Y OR COUNTY | OF DEATH |
| 35 | | Md | | U.S.A. | | WIDOWE | | RCED [| Frederic | | |
| 3, 1 | 10 C1 | Y OR TOWN | OF DEATH | | PITAL, NURSING HOM | E, OR OTHE | R INSTITUTION | 12a U | SUAL OCCUPATION OR MOST OF WORKING LIFE) | (TYPE OF WORK 12 | b. KIND OF BUSINESS OR INDUSTRY |
| 64 | | reder | | D.O.A. | Frederi | ck Me | morial | Ce | ement Fir | isher | |
| | USUA 180 S1 | | IF IN NURSING HOME 136. COU | OR OTHER INSTITUTION, GENTY | VE RESIDENCE BEFORE ADMISS | ION) | 3d. INSIDE CITY LIMITS | 13e. S | IREE ADDRESS | | |
| 35 | | Md | | erick | Mt. Alr | ey | YES NO | X I | {tl | | |
| | 14 FA | THER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MA | IDEN NAM | WIDDLE | | LAST |
| 00 | Ar | thur | Cor | rnelius | Hicks | | Fanh | ie | Viola | | cson |
| 1 | 16a. W | AS DECEASED | EVER IN U.S. AL | RMED FORCES? | 166. SOCIAL SECURI | YNO. | 17. INFORMANT | | ADDF | | Airy |
| | N | 0 | | | 214-00-0 | 34/ | Mrs The | Ima | Lucille | Hicks | |
| | | | F DEATH (Enter o | only one couse per line | for (a). (b). and (c)) | | | | | | BETWEEN ONSET AND DE |
| | | 1179 | | ATE CAUSE (o) A | rteriosclei | rotic | Cardiova | scula | s disease | | |
| 24 | 100 | 701 | and the same of th | DUE TO, OR | AS A CUNSEQUENCE | OF | | | | | |
| ò | | | is, if ony, whice to immediate | | | | | | 1111 | | |
| W | 137 | couse (o) | stating the unde | | AS A CONSEQUENCE | OF | | | | | |
| 5 | | lying cou | se iasi. | (c) | | | | | | | |
| Ž | Z | PART 2 OTNER SI | GNIFICANT CONDITION | IS CONTRIBUTING TO OFAIN | BUT NOT RELATED TO THE TER | MINAL DISEASE | OR CONDITION GIVEN 1 | N PART 1 (a). | APPEN A | | |
| REMAT | ATIC | 19a. DATE OF | OPERATION | 19b. CONDI | TION FOR WHICH OPE | RATION WA | S PERFORMED? | | | | 20. AUTOPSY? |
| 2 | FIC | E.L. | | | | | | | | | YES NO |
| 1 | CERTIFICATION | 210. EXTERNA | L CAUSE WAS | 21b. TIME O | | 21c. HO | W INJURY OCCU | RRED LENT | ER NATURE OF INJURY IN ITE | M 18 PART 1 OR PART | |
| 5 | ALC | UNDERLYING | OR OR | | MONTH DAY YEA | E | | | | | |
| PRIOR TO BUKI | MEDICAL | 21d. INJURY C | | 21e. PLACE | OF INJURY (AT HOME, | 21f. LOC | | | | | |
| | ¥ | WHILE AT WORK | NOT WHILE | STREET, FAC | TORY, FARM, ETC.] | ST | REET | | CITY OR TOWN | COUN | TY STA |
| | | AT WORK | | | | | <u> </u> | | | VICTOR OF THE | |
| 07 | | | | | | A A m m n | y, Inspe | ction | | ond in my opin | ion |
| 71201 | | | | rge at the remains des | scribed obave, held an | Autops | | 7 | Inquiry L., | | |
| | A | 220. I certification | | rge at the remains des | | vicide | Homicide _ | 7 | determined manner | | |
| | A | death result | | E I | | | | . Und | | DATE. | 10/14/ |
| 1 | | | | E I | | | Homicide _ |]. Und | determined manner | DATE SIGNED | 10/14/ |
| | | death results | Par Par | Beet J | Accidence . s | vicide | Homicide THILE (SPECIFY |) Und | edical Examiner 12 TO11 | House | |
| NO. | | death result ACTUAL SIGNATURE EXAMINER'S TYPE OR PRI | NAME RO | bert J. | Thomas, M | vicide | Homicide TITLE (SPECIFY D. Deput |). Und) Y 8 | edical Examiner [12 Toll rederick | House | 10/14/ Ave. 21701 |
| 107 | (5 | ACTUAL SIGNATURE EXAMINEL'S TYPE OR PRI | NAME RO. | bert J. | Thomas, M | M. D. , | Homicide TITLE (SPECIFY D. Deput ADDRESS CREMATORY | Y 8 F | determined manner [EDICAL EXAMINER 12 TO11 rederick LOCATION LOCATION | House | 21701 |
| BALTIMORE MARITAND, 21201 PRI | (5 | death result ACTUAL SIGNATURE EXAMINER'S TYPE OR PRIN URIAL/CREMA PECIFY) Burial | NAME RO. | bert J. | Thomas, M | M. D. , | Homicide TITLE (SPECIFY D. Deput ADDRESS CREMATORY | Y 8 F | determined manner [EDICAL EXAMINER 12 TO11 rederick LOCATION LOCATION | House, Md. | 21701 |
| COLL MITTAND, 21201 | 24. FI | ACTUAL SIGNATURE EXAMINERS ITYPE OF PRIPE URIAL, CREMA PECEY) BUTIAL DIRECT DIRECT NAME | NAME ROTTION, REMOVAL | bert J. 23b. DATE 10-20-19 | Thomas, M | I.D., MEMETERY OF | Homicide TITLE (SPECIFY D. Deput ADDRESS CREMATORY | Y 8 F | determined manner [EDICAL EXAMINER 12 TO11 rederick LOCATION LOCATION | House, Md. | 21701 |

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| | 1. | STATE REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO. | |
|-----|---------------|---|---|------------------|---------------------------------------|---|---|
| | | OR PRINT) Dalla | s Walter | - 4 | 10 Hman | 20 DATE OF DEATH MONTH DAY | 79 2 1 |
| 1 | 3 SE | | 4 RACE | S. DATE C | DAY YEAR | E'6 | UNDER 1 YEAR IF UNDER 24 HR |
| 0 | 7a. B1 | ALC RTHPLACE (STATE OR FOREIGN DUNTRY) | 76. CITIZEN OF WHAT COUNTS | 2Y2 8 | h 4, 1923 | 9 BALTIMORE CITY OR COUNTY OF | FDEATH |
| 85 | W | est Virginia | USA 11. NAME OF HOSPITAL NUR | WIDOWE | D DIVORCED | Frederick Cour | 1ty. A |
| 14 | Fr | ederick | Frederick Mem | neer address) | | | INDUSTRY Railroad |
| 36 | 13a S | TATE 13b CO | or other institution, give residence be unity 13c. CITY OR TO Knoxvi | OWN | 134 INSIDE CITY LIMITS? YES 🛣 NO 🗌 | 13. STREET ADDRESS Cemetery Road | |
| 100 | | THER'S NAME FIRST Walter Spe | MODIE LAST Encer Hoffma | | 15. MOTHER'S MAIDEN NAME FIRST | ME MIDDLE | Weaver |
| 1 | 16a V | VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (# YES, C | ARMED FORCES? 166 SOCIAL S. SINE WAR OR DATES) 14 War TT 215-14 | ECURITY NO. | 17 INFORMANT Elleine J. H | ADDRESS | Md. |
| | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU | DNIy one couse per line for (o), (b) SED BY: IATE CAUSE (o) ARDIO | ond (ci.) | ATTRY ANNES | | APPROXIMATE INTERVAL BETWEEN ONSET AND ORATE |
| | | Conditions, if any, which gave rise to immediate couse (a), stating the | DUE TO, OR AS A CONSE | 5RAL | BRONCHONE | RMN1A | 10-18-7 |
| | | underlying cause last. | DUE TO, OR AS A CONSEI (c) SMACE T CONDITIONS CONTRIBUTING | CELL | | OF RIGHT LUNG | 10-18-7 |
| | NO | | ONIC AMONEHII | | ASTAMATIC | ATTACKS | |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WH | ICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 20b. IF YES, WIN CERTIFYIN YES WES [| VERE FINDINGS USED NG CAUSES OF DEATH? |
| 9 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN | DEATH HOUR A.M. MONTH | DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18, PART | 1 OR PART 2) |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI | ICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | | saw the deceased alive | spital) attended the deceased fro an | um G | nd that in (my) (our) opinion | to 7 , 19, death occurred an the date and hour or | nd from the causes stated |
| | | | mony meta line baday diner dedini. | | DEGREE | | 1 |
| 1 | | 226 SIGNATURE | Varalon. | | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/29/79 |
| 1 | | | E OR PRINT) | | | | 10/28/79 |
| 1 | (| 276. SIGNATURE CITTLE 4. 276. PHYSICIAN'S NAME (TYP | EORPRINT) . MANALO M | | ATTENDING PHYSICIAN () | | 10/28/79 . 2/770 |



| | 1 | FOR - STATE REGISTRAR | | | AENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | SIENE / Hegy | o. | 404 |
|--|---------------|--|--|--|------------|---|---|--|-------------------------------------|
| M) | | HUBBLE N | 1777 17 | EARL Hul | ble S | HUBBLE DE BIRTH | 20 DATE OF DEATH Oct. 6 AGE (IN YEARS LAST BIR | MONTH DAY YEAR 10 10 79 (HOAY) IF UNDER 1 YEAR | M |
| urs V | L | F | le |)- | MONTH | 7 2 04 | 75 | MONTHS DAY | S HOURS MIN |
| within 72 howithin 72 how | 3 | IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia | U.S. | | WIDOWE | | | eriok | MD |
| by the fu | 1 | Frederick | | OSPITAL, NURSIN FACILITY GIVE STREET CK HOMO T | | Hospital | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C | ON 12b KIND WORKING LIFE! INDUSTR | OF BUSINESS OR |
| and be must be | 130 | AL RESIDENCE (IF NURSING HOM STATE aryland Fre | or other institution, ounty derick | GIVE RESIDENCE BEFORE | ADMISSION) | 13d. INSIDE CITY LIMITS? | 13 STREET ADDRESS | | |
| 5. 25 | 14. F | ottis I | nox H | lubble | | Sophia | ME MIOOLE | Hubble | tast |
| rs. Pages I and re medical agam | | WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, | ARMED FORCES? | 166 SOCIAL SECU 219 - 34 - | _ | Henry J. Hub | ble Rt.2 M | | Md. |
| n signed by the attending physicia. Then please remove carbonpapers to burial, cremation, or removal. injury, or ather traumatic event, the | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR DUE TO, OR DUE TO, OR (c) | AS A CONSEQUE AS A CONSEQUE | NCE OF | enest-an | MINAL DISEASE OR CON | Classay (10/8) | OXIMATE INTERVAL IN ONSET AND DEATH |
| prior | CERTIFICATION | 190 DATE OF OPERATION | 1% CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE FIND IN CERTIFYING CAUSI | DINGS USED |
| certificate has | // | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH HOUR A.A | A. MONTH DA | Rear | 21¢ HOW INJURY OCCUR | YES NO | YES THE TEM 18, PART 1 OR PART 2 | NO [|
| the bur and Me | MEDICAL | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE C | | | 211 LOCATION STREET | CITY OR TO | WN COUNTY | STATE |
| 0 5 4 5 | | 22a I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did) | on oel | 10 19 | 1979 | id that in (my) (aur) opinian | , ta death accurred on the d | ate and haur and fram th | |
| TO FUNERAL DIRECTO should be detached for with the State Dept. of HMPORTANT: If hem 21 | | 276 SIGNATURE | Alensa | _ | M | | MEDICAL STA | | TE SIGNED |
| should be det with the Stote | | Lloyd HA | W M | | | 198 Homa | | · Dine | |
| | Г | BURIAL, CREMATION, REMOV | Oct. 13 | , 1979 H | | Cemetery Cemetery | Myerovil | Frederic | |
| MH-16 20M A 15, 4) 7/7B | 24 1 | NAME BILTLE FUI | eral Home | Myers | ville | Ma | E REC'D" BY REGISTRAR | 256 REGISTRAR'S SIGN | ature Gready |

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Skiles Funeral Home, 136 E. Balto, Tanevtown, Md

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 2a DATE OF DEATH MONTH 2h HOUR 15 ellip 4 RACE IF UNDER I YEAR 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS Female White MONTHS DAYS HOURS Feb. 14, 1891 88



(TYPE OR PRINT) 1 SEX To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland U.S.A. Frederick County. DIVORCED | WIDOWED II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Frederick Memorial Hospital ITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Frederick Homemaker Home USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13h COUNTY 13c. CITY OR TOWN 1134 INSIDE CITY LIMITS? 600 Fairview Avenue Maryland Frederick Frederick YES M 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME E14 MIDDLE Strausburg Mollie Haugh ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Frederick. (YES, NO OR UNKNOWN) [(IF YES, GIVE WAR OR DATES] 218030-9780 Edward H. Mantz, 200 Fairview Ave., none Md. 21701 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY ERFBEAL VACCULAR OCCLUSION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF GENERA LIZED HRIERIOSCIEROSK Conditions, if onv. which couse (D), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TERIOSUL GROTIC IDGART DISCASE WITH ATRIM FRALLIA TO BY GRG SECOND ARY A 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO. YES M 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from, OUTOBER 9 and that in (my) (OUT) ppinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED Oct 9,1975 ATTENDING MEDICAL STAFF PHYSICIAN DEDIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS GILCIN F. MEADORS IN 810 TOll House the FRED ERICK Md 2170/ MD 23c NAME OF CEMETERY OR CREMATORY Oct. 11, 1979 Mount Olivet Cemetery Frederick, Frederick, Md. SPERUTIAL

DHMH-16 20M (VRA 15, 4) 7/7B

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MPORTANT

Smith, Fadeley, Keeney, Basford Funeral Home 106 East Church St., Frederick, Md. 21701

250. DATE RECID. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

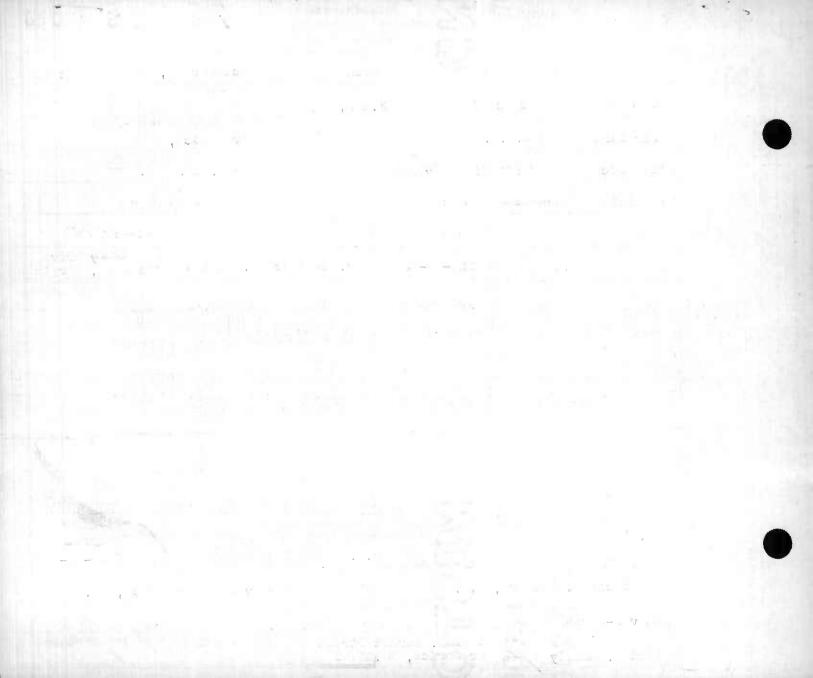
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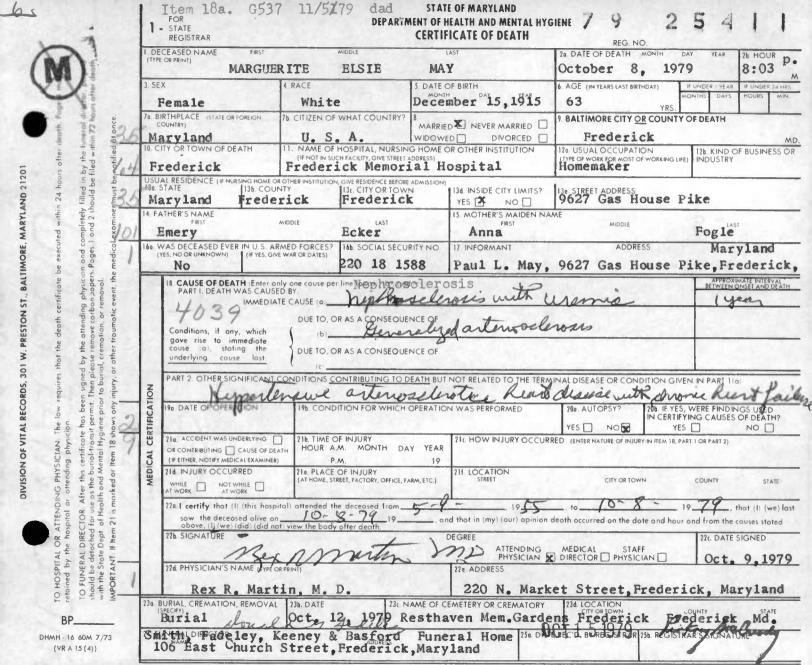
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STATE OF MARYLAND



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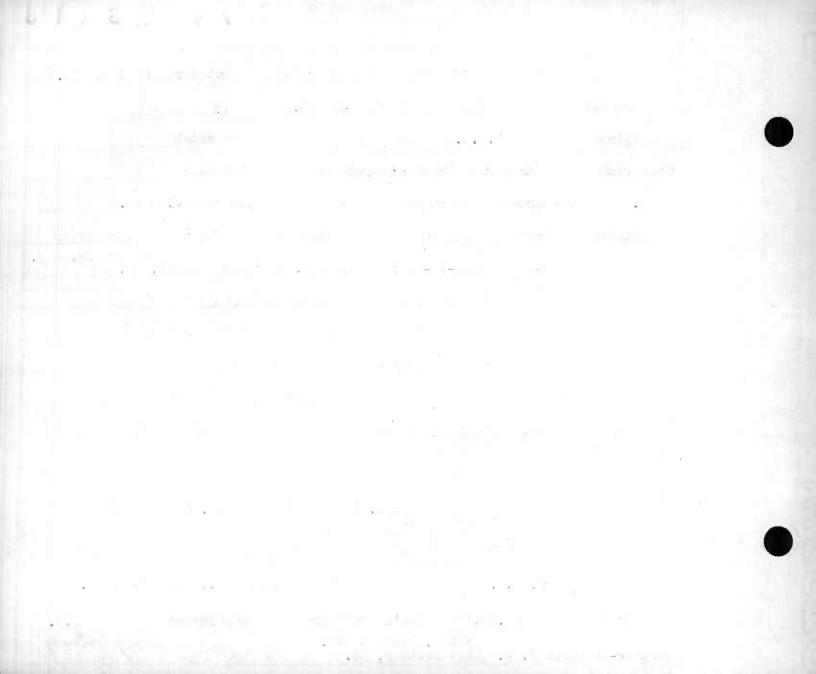


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| 10 | 1 | FOR | D.C.D. 4.0 | STATE OF MARYLAND | 7 0 3 | Good 1 2 |
|--|---------------|---|--|--|--|--|
| | 1 | - STATE REGISTRAR | DEPAR | TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | | 1110 11-12-19 |
| (10) | | CEASED NAME FIRST | WIDDLE | LAST | REG. NO. 20. DATE OF DEATH MONTH D. | AY YEAR 26 HOUR 2 |
| 4 (WI) | (1tr | E OR PRINT) VIRG | INIA F. | MEAD | OCTOBER 12 | 1979 11:10 M |
| | 3. SE | | 4 RACE | 5. DATE OF BIRTH | | IF UNDER LYFAR IF UNDER 24 HRS |
| 4 99 4 | | Female . | White | June 18, 1907 | 72 YRS. M | ONTHS DAYS HOURS MIN |
| # 88 AP | | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| 1 1 4/ | | iaryland | U. S. A. | WIDOWED DIVORCED | Frederick | MD. |
| 1 17 90 | 7 | rederick | (IF NOT IN SUCH FACILITY, GIVE STRE Frederick Nurs: | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker | 12b. KIND OF BUSINESS OR INDUSTRY |
| MARYLAND 21201 ed =-ithin 24 hours a mpletaly filled in for and 2 haudd be like | | | OR OTHER INSTITUTION, CIVE RESIDENCE BEF | | | |
| ON 7 13 05 | | ryland Prin | ce George Kensin | wn 13d INSIDE CITY LIMITS? YES X NO | 9611 Bexhill Dr | ive |
| 1 1 17 | | ATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN NA | | : |
| W P 11/00 | | Charles | Feese: | | Unknown | LAST |
| ORE, | | WAS DECEASED EVER IN U.S. AL | RMED FORCES? 166 SOCIAL SEG | CURITY NO. 17. INFORMANT | ADDRESS | |
| BALTIMORE, one be execu- one be execu- spent. Pages, seal. | | No | | Wayne K. Mea | d,7517 Oakmont Dr | |
| BALL Property | | 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS | only one couse per line for (o), (b), | and Ic II | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ST., | | | ATE CAUSE (0) Con de | ac arrest | | |
| No di monitori di contra d | | 492- | DUE TO OR ASIA CONSEO | UENCE OF | | |
| he death che mattending matten, or r traumati | | Conditions, if ony, which gove rise to immediate | (b) Chryp h | il a | | |
| W. Plant the out the seren seren outher to | | couse (0), stating the underlying cause lost. | DUE TO, OR AS A CONSEQ | | | |
| se tho | | | (c) Kron | | | |
| | z | PART 2. OTHER SIGNIFICANT | | DEATH BUT NOT RELATED TO THE TERM | WINAL DISEASE OR CONDITION GIVE | N IN PART 1(0) |
| o ratio | CERTIFICATION | 19a DATE OF OPERATION | 119 CONDITION FOR WHIC | TH OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES, | WERE FINDINGS USED |
| | FIG | THE DATE OF GREWINGS. | The Condition Tolk White | TO CHATION WAS TEN ORMED | YES NO YES | ING CAUSES OF DEATH? |
| DIVISION OF VITAL NG PHYSICIAN: The offer this certificate in first this certificate in the ond Mental Hygier th and Mental Hygier orked or Item 18 shound | 4 1 | 21a. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21¢ HOW INJURY OCCUR | RED (FINTER NATURE OF INJURY IN ITEM 18, PAI | |
| ON OF VITA HYSICIAN: I ding physici sis certificate burial-transi Mental Hyg ar item 18 sh | | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | | |
| PHYSICIA ending p this certific to buriol: ad Mentol | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | 211. LOCATION | | A SECTION ASSESSMENT |
| DIVISION DING PHOTO OF OUT OF THE OF THE OITH ON OITH OITH ON OITH OITH ON OITH OITH OITH OITH OITH OITH OITH OITH | Z | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE | E, FARM, ETC.) | CITY OR TOWN | COUNTY STATE |
| Se eol o | 13 | 220.1 certify that (1) (this hosp | utal) attended the deceased from | 9 25 79, 19 | 10 10 12-139 1 | 9, that (\$\psi \(\text{(we) last}\) |
| Spritol Spritol For u | | sow the deceased alive or above, (1) (wer (did n | of view the body ofter death. | , and that in (my) (our) apinion | death occurred on the date and hour | and from the couses stated |
| OR A he hos DIREC oched oched i Dept. | | 22b. SIGNATURE | . () | DEGREE | | 22c. DATE SIGNED |
| T to left T | | Clust | in Harry | 1 | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/12/79 |
| | | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e. ADDRESS | | RESTRUCTION OF THE PARTY OF THE |
| TO HOSP retained TO FUNE should be with the ! | | Aust | in Pearre, Jr. | | ve.Frederick, Mar | yland |
| 1100 | 23a. | BURIAL, CREMATION, REMOVA | | NAME OF CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | OUNTY STATE |
| // U BP | | Cremation A | | Fort Lincoln Crema | | |
| DHMH - 16 50M7/77 (VR A 15 (4)) | 10 | 16 East Church | Keeney & Basfor Street, Frederi | ck, Maryland 25a DA' | T 1 8 1979 256. BUSINE | AR'S SIGNATURE |



| . 7 : | 1979 | er xenere | | | ADIMALY | |
|--------|----------|----------------|--------------|----------------|--------------------|---------|
| | | 72 | 1000, 300 m | of, hard sta | len e | of Host |
| | | Frederick | | | .U | 0,1,5(2 |
| | | ::Exitebrion | zein | eich Marster | A-F | 1514 10 |
| | 47.50 | Soll Sessill | | norna i magana | 04 5 00 a t | cyland |
| | | menahili | | Feerer | | asilano |
| erist. | beall.ad | receiled Tier, | Mayne I Sepa | | | o: |
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TTENDING PHYSICIAN. The law

TO HOSPITAL

| | FOR STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | GIENE 7 9 | 25414 |
|--|---|---|--|---|--|
| (B.HT) | 1. DECEASED NAME FIRST (TYPE OR PRINT) | MIDDLE | LAST | 20. DATE OF DEATH M | ONTH OAY YEAR 2b. HOUR |
| (IM) | SAMUEL | JOSEPH | NEWCOMER | October 18 | 1979 7 p |
| V | 3. SEX | 4 RACE | 5 DATE OF BIRTH October 17 1885 | 6. AGE (IN YEARS LAST BIRTHO | MONTHS DAYS HOURS MIN |
| 1 | Male | White | October 17 1885 | 94 | YRS. |
| 134 | 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | U. S. A. | MARRIED NEVER MARRIED | Prederic | |
| # 4 p # 75 | 10 CITY OR TOWN OF DEATH Frederick | | ng home or other institution address) nent Center | 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Retired | |
| filled in ould be | USUAL RESIDENCE (IF NURSING HOME O 130. STATE 135. COUL 1aryland Fred | R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Brick Frederic | /N # 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | Court Street |
| tely 2 sh | 14 FATHER'S NAME | MIDOLE LAST | 15. MOTHER'S MAIDEN NA | | 2 |
| ond ond | Samuel | F. Newcomer | R. | E . | Gehr |
| 3 0 0 | 160 WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECU | | ADDRES | |
| Poges medical | (YES, NO OR UNKNOWN) (IF YES, GIV | 217 10 9 | 320 Murray F. Foo | it, 20 N. Cour | t St.Frederick,Md. |
| physicia anpapers emoval. | 18 CAUSE OF DEATH (Enter or | nly one cause per line for (a), (b), on | dicii | 6 11 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| phy pho pho pho phy phy phy phy phy phy phy phy phy phy | PART I. DEATH WAS CAUSE | TE CAUSE (O) alumo | Carunoma | Csophage | es |
| | 1509 | DUE TO, OR AS A CONSEOU | ENCE OF | | |
| t attendin nave carb nation, ar | Conditions, if any, which | (b) | | | |
| 4 4 4 4 | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQU | ENCE OF | | |
| by the contract of the contrac | underlying cause last | (c) | | | |
| signed hen ple to burie | | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDI | TION GIVEN IN PART 1(a) |
| w res | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | 20b. IF YES, WERE FINDINGS USED |
| See S | N. I | | | YES NONE | IN CERTIFYING CAUSES OF DEATH? YES \(\square\) NO \(\square\) |
| ronsit Hygie | 21g. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY | |
| | OR CONTRIBUTION CAUSE OF OF | 210 | AY YEAR | | |
| iding plans certification of them | (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED | P.M. 21e PLACE OF INJURY | 21f LOCATION | | |
| After this e os the the of the ond in morked o | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE, | | CITY OR TOWN | COUNTY STATE |
| R: Ai | 22a.1 certify that (I) (this hosp | Hal) ottended the deceased from_ | 9 5 19 79 | | , 19 79 , that (I) (we) lost |
| prio prio de H | saw the deceased alive or above. (1) (we) (did) (did no | on the body ofter death. | , and that in (my) (our) opinion | death occurred on the date | e and hour and from the causes stated |
| hos hed ept tem | 226. SIGNATION | // | DEGREE | | 224. DATE SIGNED |
| the Detocher | VIA | Diver- | M ATTENDING PHYSICIAN | MEDICAL STAFF | IN 10/18/79 |
| TAN TAN | 22d. PHYSIC IN S NAME (TYPE | OR PRINT) | 22e ADDRESS | | |
| Pould the the | J. R. | Poirer.M.D. | 700 Montclai | ire Ave, Frede | rick, Maryland |
| 5 5 6 4 3 3- | 230 BURIAL CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | 1236, LOCATION | • |
| BP | (SPECIFY) Cremation | Oct. 20,1979 F | ort Lincoln Cremate | ory Brentwood | Prince Georges M |
| DHMH-16 20M | 24 SWHETHPIRETABle lev. | Keeney & Basfor | Funeral Home 250. DA | TE REC'D. BY REGISTRAR 25 | LEGISTRAR'S SIGNATURE |
| (VRA 15, 4) 7/78 | 106 East Church | Street, Frederic | ck, Maryland UU | 24 19/9 | wary mounty |

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106 E. Church St. Frederick, Md.

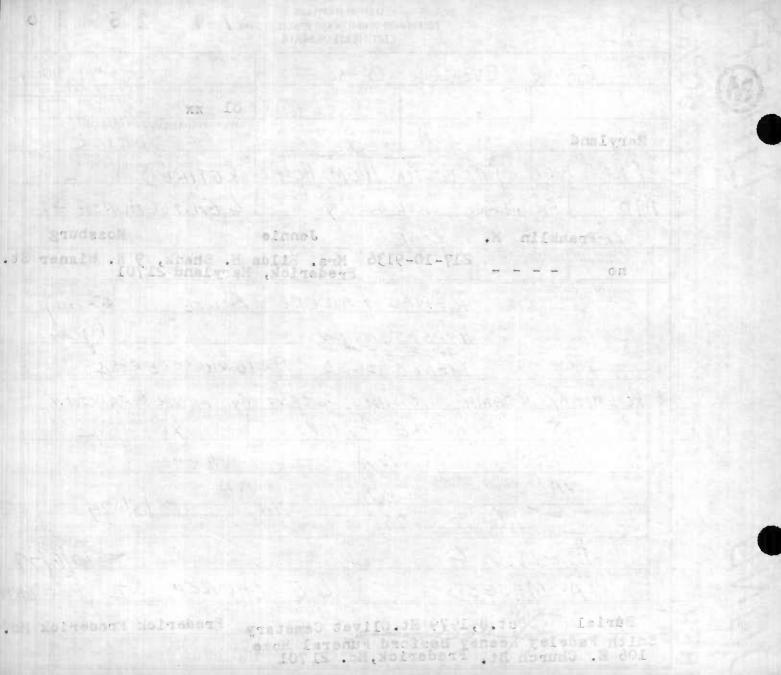
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

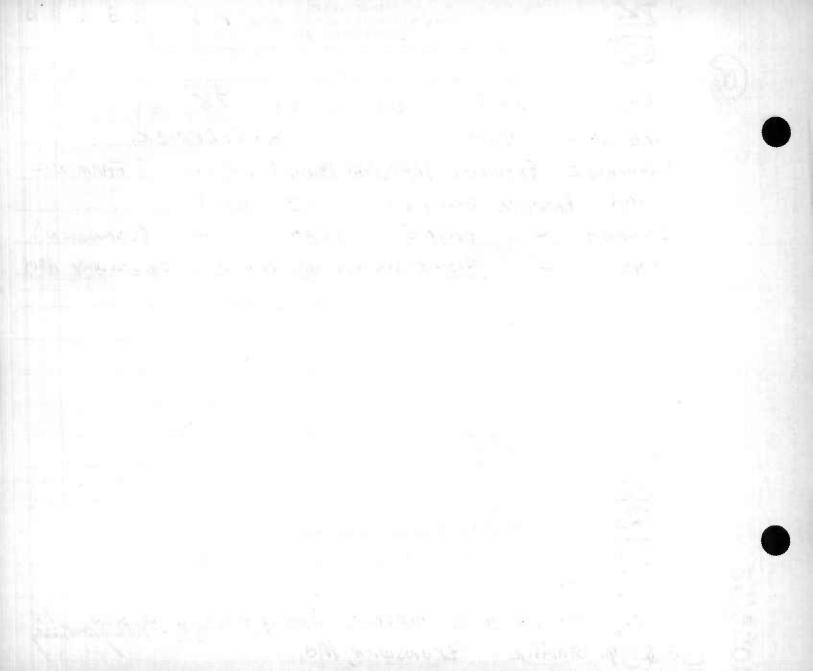
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(VR A 15 (4))



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| | 1 | FOR - STATE REGISTRAR | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2 5 4 1 8 CERTIFICATE OF DEATH REG. NO. |
|--|---------------|--|--|
| . 25 | | CEASED NAME FIRST | MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR |
| moy b | 3. 58 | x 1974 U.R. | 4 RACE S DATE OF BIRTH & AGE INVERSIAST BRITHDAY) IF UNDER I SEAR IF UNDER 24 HR |
| direct hours | L | male | WHITE DEC. 27 1900 78 YRS HOURS MIN |
| her death. P ne funeral d within 72 ha | 3 | IRTHPLACE (STATE OR FOREIGN PUNTRY) | USA WIDOWED DIVORCED FREDERICK |
| s of | 4F | Rederick | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TREDERICLE MEMORIAL HOSPITAL TO SUCH FACILITY, GIVE STREET ADDRESS) TO SUCH THE PROPERTY OF WORK FOR MOST OF WORKING LIFE; THE PROPERTY OF WORK FOR MOST OF WORKING LIFE; THE PROPERTY OF WORK FOR MOST OF WORKING LIFE; THE PROPERTY OF WORK FOR MOST OF WORKING LIFE; THE PROPERTY OF WORK FOR MOST OF WORKING LIFE; THE PROPERTY OF WORK FOR MOST OF WORK FOR MO |
| hin 24 hour sly filled in should be factored be factored by the should be factored by the should be should | 13a | | NTY 136 SITY OR TOWN 134 INSIDE CITY LIMITS? 136 STREET ADDRESS OFFICE DEFENSOR YES NO PROPERTY. |
| completely I and 2 s | 07 | ATHER'S NAME SARAH | MIDDLE PAYNE SARAH MIDDLE (UNKNOWN) |
| n ond co | 160 | WAS DECEASED EVER IN U.S. AI YES, NO DRUNKNOWN) I IF YES, GIN | RMED FORCES? 186 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 213-18-0665 MRs. DATE BOHRER BRUNSWICK MC |
| s that the death certificate be do by the ottending physicia alease remove carbon papers rol, cremotion, or removal or other froumatic event, the | | PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), staling the underlying cause lost | DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) |
| equire in signa Then p | CERTIFICATION | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 197 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 198 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 199 CONDITION FOR WHICH OPERATION WAS PERFORMED 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 198 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 199 CONDITION FOR WHICH OPERATION WAS PERFORMED 198 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 198 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 198 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 199 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 199 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 199 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 199 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 199 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 199 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 199 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 199 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 199 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 199 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 199 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 TO THE TERMINAL DISEASE OR CONDITION GIVEN GIVE |
| PHYSICIAN: The le ending physicion this certificate has the burnot-transit per da Mental Hygiene da mental Hygiene da riem 18 shows | | 210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [LIFEITHER NOTIFY MEDICAL EXAMINER | 216. TIME OF INJURY ATH HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) |
| this the bund will do a | MEDICAL | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OR FOWN COUNTY STATE |
| ATTEN haspital RECTOR ed for us pt of He em 21 is | | saw the deceased alive or | DEGREE ATTENDING MEDICAL STAFF |
| TO HOSPITAL Corretoined by the TO FUNERAL DI should be detach with the State De IMPORTANT: If IMPORTANT: If IMPORTANT: If IMPORTANT: If IMPORTANT: If IMPORTANT: If IMPORTANT: I | | 22d. PHYSICIAN'S NAME TYPE | PHYSICIAN DIRECTOR PHYSICIAN |
| P □ □ □ □ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ | 230 | BURIAL CREMATION, REMOVAL SPECIFO URIAL | 1236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY STATE AUTOCOUNTY STATE AUTOCOUNTY STATE AUTOCOUNTY STATE |
| DHMH-16 20M (VRA 15, 4) 7/7B | 24 F | NAME STAN- | FOR TRUDS WICH MC 250. DATE PREC D. BY REGISTRAD 250. REGISTRAD 25 |



FOR

REGISTRAR

- STATE

DHMH-16 20M (VRA 15, 4) 7/7B

BALTIMORE CITY OR COUNTY OF DEATH Frederick County, 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE County Govern Secretary mem 13. 1608 AROCK Creek Drive MIDDLE Murphy M. ADDRESS Mrs. Louise Strine, 515 Magnolia Ave., Md. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 804 Toll House Avenue, Frederick, Md. 21701 23d. LOCATION Frederick, Frederick, Md. 250. DATE REC'D. BY REGISTRAR 254 REGISTRAR' SIGNATURE Smith, Fadeley, Keeney, Basford Funeral Home 106 East Church Street, Frederick, Md. 21701

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

26 HOUR

HOURS

IF UNGER I YEAR

30

IF UNDER 24 HRS

THE STATE OF THE S prigram a market at 1 and 1 an to the theory of the property of the state o and profession and the philosophic of their

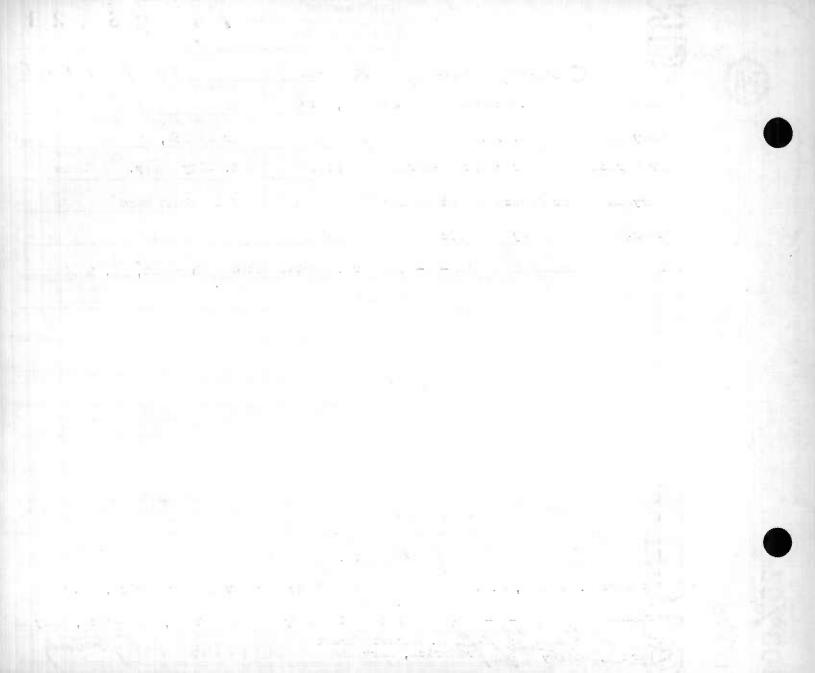
| 1 | STATE REGISTRAR | | | DICAL EX | | CERTIFIC | | DEATH | REG. NO | 2 5 | 44 6 | |
|---------------|---|-------------------------------|--|------------------------------------|--------------------------|-------------------|------------|---------------------------|------------------|---------------|-----------------|----------|
| | PEOR MANY | DONALI |) W | TLL IAM | F | RICE | | 2a. DATE OF DEATH | ESTI- | HTHOM | 12 19 TG | 7 |
| Ma | le | Cau | Jan. 25, | 1921 LA | 58 YRS. | | HOURS M | | ICED | HTMOM | 12-1976 | 7 |
| Ma | SIRTHPLACE (5 OREIGN COUNTRY) Lryland | | 7b. CITIZEN OF W | | WIDO | RIED 🔀 NEVE | DIVORCED | Fred | erick, | | Y OF DEATH | |
| Mo | ountaind | lale | | ethel R | oad | HER INSTITUTI | ON 12 | Ret. Mi | CATION (TYPE | OF WORK | OR INDUS | TR VO |
| - 1130 | AL RESIDENCE STATE LTYLAND | 113b COUN | or other institution, G NTY lerick | 13c. CITY OR T | OWN | 13d. INSIDE CITY | LIMITS? 13 | e STREET ADDRE | ss Bethel | Road | | |
| | ATHER'S NAME Lewis | Sp | encer | Rice | | Ann | nie | E. | | | ltz | |
| 1 160 | WAS DECEASE YES, NO, OR UNKNO Yes | DEVER IN U.S. AR | RMED FORCES? EWAR OR DATES)1961 | 213-1: | 2-7130 | Mrs. (| | M. Rice | Fred | 9 Be | thel Rok, Md. 2 | 21 |
| CERTIFICATION | | GNIFICANT CONDITIONS | S CONTRIBUTING TO DEATH | BUT NOT RELATED TO | | | | (a). | | | 20. AUTOPS | Y? |
| | UNDERLYING | AL CAUSE WAS OR NG CAUSE OF | | MONTH DAY | YEAR 21c. | HOW INJURY (| OCCURRED I | ENTER NATURE OF IN. | URY IN ITEM 18 P | ART 1 OR PAR | YES (12) | |
| MEDICAL | 21d. INJURY C | | 21e PLACE | OF INJURY (AT TORY, FARM, ETC.) | | OCATION STREET | | CITY OR TO | WN | cou | ути | |
| | 22a. I certi death result ACTUAL SIGNATURE | PHUI | rge of the remains re viral causes | Accident D | eld an Auto Suicide D | Hamicio | ECIFY) | , Inquiry Undetermined me | anner . | DATE SIGNE | . / | |
| 2 | EXAMINER'S (TYPE OR PRI | NAME NT) | bert J. | Thomas | | _ADDRESS | 81: Fr | 2 Toll | House | | | |
| 230. | BURIAL, CREMA (SPECIFY) Burial | TION,REMOVAL | 23b. DATE 10-15-19 | 23c. NAME | Chapel on Cemet | OR CREMATO | RY | CITY OR TOWN | | COUN | er . | 200 |
| 24 | FUNDE ADMINE | 101 | 10010010 | - | arket S | 7 | | Daysv: | .lle | rede | P VC R mich | ä |

Item 5 g539 1/2/80 gj

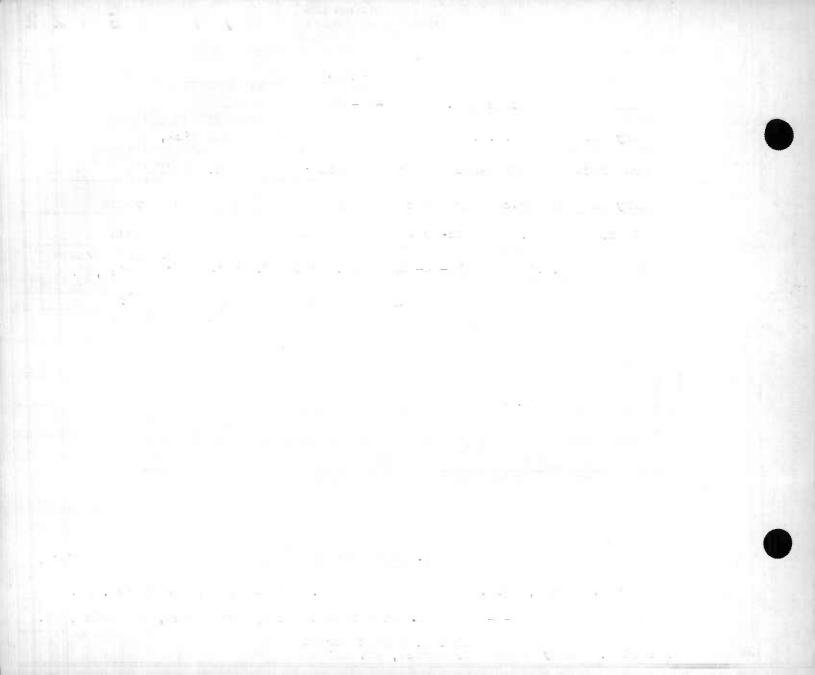
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Robert E. Dailey & Son

STATE OF MARYLAND



| | 1 - | FOR STATE REGISTRAR | | DEPARTA | MENT OF H | E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH | ENE 7 9 | 2 | 5 4 | 2 2 |
|--|----------------|--|--|---|--------------------------------|---|---|---|------------------|----------------------------|
| pode 3 | {TYPE | OR PRINT) CRNE | 57 | MIDDLE | | ERAS | | 10 4 | 79 OER I YEAR | 12 PM |
| director property property offer. | 3 SE | Male | 4 RACE Cauca | asian | 5 DATE C | 10-1896 YEAR | 6. AGE JIN YEARS LAST BIRT | MONTH | | HOURS MIN. |
| within 72 hou | 70. BI | RTHPLACE ISTATE OR FOREIGN OUNTRY) Maryland | Th CITIZEN OF | WHAT COUNTRY? | MARRIE WIDOWE | D NEVER MARRIED X | Frederic | R COUNTY OF | EATH | MC |
| by the to | 10 CI | TY OR TOWN OF DEATH Frederick | II. NAME OF | HOSPITAL, NURSIN THE FACILITY, GIVE STREET OPICK MEMO | IG HOME C ADORESS) Orial | Hospital | 120 USUAL OCCUPATION OF THE CONTROL | | IDHISTRY | BUSINESS OR None |
| ly filled in by the should be filed should be filed second. | USU/ 13a. S | AL RESIDENCE (# NURSING HOME STATE 136 COI Maryland Fre | orother institution JNTY ederick | GIVE RESIDENCE BEFORE 13c CITY OR TOW Frederic | N | 13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌 | 130. STREET ADDRESS 217 Moni | coe Aven | ue | |
| ond 2 sh | 14 F/ | THER'S NAME William | мрріє Н. | Rickerd | s | 15. MOTHER'S MAIDEN NAM | WIDOLE | Lerc | | |
| Poges 1 | 16a. V | VAS DECEASED EVER IN U.S. A (15, NO OR UNKNOWN) (15 YES, G Yes | RMED FORCES? IVE WAR OR DATES) V. I | 166 SOCIAL SECU 214-10-2 | | Mr. Austin F | | S290 Dil Frederi | ck, Md | |
| en signed by the attending. 1. Then please remove carbon or to burial, cremation, or re y injury, or other traumatic et | TION | Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause last | DUE TO, O | | ENCE OF | A S. H. D. | | | | |
| te hos be sit permit giene pric shows on) | CERTIFICATION | 190 DATE OF OPERATION 710 ACCIDENT WAS UNDERLYING | | | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WE IN CERTIFYING YES | CAUSES | GS USED OF DEATH? NO |
| burial-trar Mental Hy or Item 18 | MEDICAL CE | 216. ACCIDENT WAS UNDERSTAND OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED | R) HOUR A. | M. MONTH DA M. OF INJURY | 19 | 214 LOCATION | | | | |
| AL DIRECTOR: After the detached for use as the ate Dept of Health and II. If them 21 is marked | W | WHILE NOT WHILE AT WORK 22e I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE | pital) attended th | 4-7919 | | street 2 - 1 - 19 Ind that in (my) (our) opinion d DEGREE ATTENDING | MEDICAL STAI | 19 | 1 | |
| should be deto with the State D | | 77d PHYSICIAN'S NAME (TYPE Rex R. Mart: | | | | 220 N. Marke | t Street] | Frederic | k, Md | . 21701 |
| 5433 | | Surial, CREMATION, REMOVA | 10-8- | | | EMETERY OR CREMATORY Olivet Cemeter | y Frederic | ck, Fred | ërick | , Mare |
| IMH-16 20M A 15, 4) 7/7B | | pheral director bert E. Daile | y & Son | 120JesN. Frederi | Mark ck, M | et Street 250 DATE | OCT 0 8 197 | 25b. REGISTRAR' | SSIGNATU | RECreaty |



| | 1. | FOR STATE REGISTRAR | | | DEPARTM | MENT OF | E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH | GIENE 7 9 | 2542 |
|--|-----------------------|--|--|--|--|---|--|--|--|
| | | CEASED NAME | FIRST | | MIDOLE | | LAST | 2a. DATE OF DEATH | |
| | 11111 | I | la | Susa | n P | RICKE | RDS | action | 6,1979 7 |
| 00 | 3. SE | x Female | | 4 RACE Whi | te | S DATE (| оғыктн t. 27, 1897 | 6 AGE (IN YEARS LAST BIRT | HDAY) IF UNDER 1 YEAR IF UNI |
| | 7a B | IRTHPLACE (STATE ORFO | OREIGN | 76 CITIZEN OF | A. | 8 MARRIE WIDOWI | NEVER MARRIED DIVORCED D | | rick County, |
| 10 | 10 C | Frederick | | (IF NOT IN SUC | HOSPITAL, NURSIN HEACILITY, GIVE STREET A TICK NUTS | ADDRESS) | OR OTHER INSTITUTION Center | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemake 1 | F WORKING LIFE) INDUSTRY |
| Bost pe | 13a | AL RESIDENCE (IF NURS STATE laryland | 136 COUN | other institution. | GIVE RESIDENCE BEFORE | | 13d. INSIDE CITY LIMITS? | 2927 Timber | Ridge Drive |
| X amine | 14. F/ | William | ٨ | MIDDLE | Burke | | 15. MOTHER'S MAIDEN NA | Nora Nora | Johnson |
| medico | 16a \ | WAS DECEASED EVER YES, NO OR UNKNOWN) | IN U.S. AR/ | MED FORCES? WAR OR DATES) | 219-54-3 | | 17 INFORMANT Roy T. Ricket | | mber Ridge Drivery, Maryland |
| - | | | | | | | | 7 0000 | |
| ury, or other | 7 | gove rise to immoduse (a), status underlying couse PART 2 OTHER SIGN | g the lost | DUE TO, OI | R AS A CONSEQUE | NCE OF | NOT BELATED TO THE TERM | 4 co-lon | DITION GIVEN IN PART 1(0) |
| lows ony injury, or other | TIFICATION | couse (a), stating underlying couse | ost NIFICANT C | DUE TO, OI | R AS A CONSEQUE | NCE OF | | NINAL DISEASE OF CONI | DITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DE YES NO |
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| 11: If Hem 21 is morked or Hem 18 shows ony injury, or other | | COUSE (D), STORING UNDERLYING COUSE PART 2 OTHER SIGN 210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTHY MEDIC 21d. INJURY OCCUR! WHILE NOT WAT WORK 220.1 certify that (I) SOW the decess obove, (I) (WHILE 22b. SIGNATURE | IS THE LOST OF THE | DUE TO, OI (c) CONDITIONS CC LONG 196 CONDI 216. TIME O HOUR A. P. 216. PLACE (AT HOME, STR Hell) attended the Condition of the conditi | ONTRIBUTING TO DE CONTRIBUTING DE CONTRIBUTION | DEATH BUT OPERATIO Y YEAR 19 ARM, ETC.) | NOT RELATED TO THE TERM LESSEN LESSEN 21c. HOW INJURY OCCUR 21f. LOCATION STREET 19 75 nd that in (my) (**) opinion DEGREE ATTENDING PHYSICIAN | AINAL DISEASE OR CONI 200 AUTOPSY? YES NOTER NATURE OF INJUR CITY OR TOW | 20b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DE YES NO |
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"SNEAD, REFERENCE HOME 106 East Church St., Frederick, Md. 21701

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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prior

STATE OF MARYLAND

| | - STATE REGISTRAR | | DEPAR | | ICATE OF DEATH | REG. NO | | |
|---|--|---|---|-------------------------|-----------------------------------|--|-------------------|---------------------------|
| | I DECEASED NAME (TYPE OR PRINT) | Lamora | Debbie | | ERTS ON | October 10, | 1979 | 9:20 M |
| | 3. SEX Female | 4 RACE | White | S DATE O | | 6 AGE (IN YEARS LAST BIRTHDAY) 86 YRS | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN |
| F | 70 BIRTHPLACE ISTATE OF Maryland | | U.S.A. | ? 8 MARRIE WIDOWE | D NEVER MARRIED DIVORCED | P BALTIMORE CITY OR COUN | | MD. |
| C | Frederick | | ME OF HOSPITAL, NURSI OT IN SUCH FACILITY, GIVE STREE 3 Edgewood | | | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWILL) | | OF BUSINESS OR |
| 5 | Maryland | Frederic Frederics | CK Frede | | 134 INSIDE CITY LIMITS? YES NO | 13a STREET ADDRESS Edgewood | d Chur | ch Rd. |
| X | Daniel | WIDDLE | Utz | | Annie | ME R ^{™IDDLE} | Keef | er |
| | 16g WAS DECEASED EVE (YES, NO OR UNKNOWN) | R IN U.S. ARMED FOI LIFYES, GIVE WAR OR D | | | Wood Churc | T. Robertson, h Rd., Freder | 8533 rick, Md | Edge - 21701 |
| | 18 CAUSE OF DEA PART I. DEATH | ATH (Enter only one co WAS CAUSED BY: IMMEDIATE CAUSE | iuse per line for (0), (b), a E (0) | nd (c).) | youarderd . | inforction, prot | APPROX BETWEEN | ONSET AND DEATH |
| | Conditions, if on gove rise to in cause (a), state | y, which | ETO, OR AS A CONSEQUE (b) ETO, OR AS A CONSEQUE | A | SH.D. | | 4 | ears |
| | underlying cour | | TO, OR AS A CONSEQU | ENCE OF | | | | |

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

I IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

214 INJURY OCCURRED

CERTIFICATION

19a DATE OF OPERATION

abave, (1) (we) (did) (did not) view the bady after death

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH

> P.M 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred an the date and hour and from the causes stated

DAY YEAR

211 LOCATION

CITY OR TOWN

NO

20s AUTOPSY?

21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21

YES 🗍

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

STATE

NO [

22c. DATE SIGNED

Dr. Rex R. Martin, M.D.

22e ADDRESS

DEGREE

Homespec

220 North Market St., Frederick, Md.

230. BURIAL, CREMATION, REMOVA Burial

22b. SIGNATURE

Meadow Branch Cem. Westminister Carpoll Md.

MPORTANT: If Hem

BP DHMH - 16 60M 7/73 (VRA 15(4))

(M)

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A P. C. T. Y. Charles of the Contract of the C

 G537 11/26 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Item 18aa 21a - 22a

FOR

1 - STATE

(VR A 15 (4))

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| 8 | | 1- | FOR STATE REGISTRAR | | | | MENT OF | E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH | REG. NO. | | 5 4 | 2 6 |
|--|-----|---------------|--|-------------------------------------|-----------------------------|--|----------------------|---|---|-------------------------------|----------------|---------------------------|
| 2 p p p p p p p p p p p p p p p p p p p | | | CEASED NAME OR PRINT) | hoebe | | Julia | | SHAFF | Cotober | | YEAR 1977 | 26 HOUR |
| e 4 may be tar, page 3 safter death | | 3. SE) | | noebe | 4 RACE White | | 5. DATE | DF BIRTH 29, DAY 1893 FAR | 6 AGE (IN YEARS LAST BIRTHE | DAY) IF | UNDER I YEAR | IF UNDER 24 H HOURS MI |
| eath Page eral direc | 27 | | RTHPLACE (STATE OR FO | DREIGN | 76 CITIZEN OF | what country? | 8 MARRIE WIDOW | D NEVER MARRIED | 9. BALTIMORE CITY OR Frederick | COUNTY O | FDEATH | |
| or softer decoy the fune | 90 | | TY OR TOWN OF DEA | ίΉ | | HOSPITAL, NURSII | NG HOME | OR OTHER INSTITUTION | 126 USUAL OCCUPATIO | N NOBKING LIFE) | 12b. KIND OF | BUSINESS |
| MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be file | 30 | USU/ 130 S | AL RESIDENCE (IF NURS TATE aryland | 13b COUNTY | OTHER INSTITUTION | GIVE RESIDENCE BEFOR | | 134 INSIDE CITY LIMITS? | 13. STREET ADDRESS 5521 Jeffer | rson P | ike | |
| MARYLA ted within ampletely and 2 sh | 100 | 14. FA | David | | MIDDLE R. | Stockm | an | 15. MOTHER'S MAIDEN NA Clara | ME | | Zimmeri | man |
| BALTIMORE, cate be execut spicion and ca apers. Pages 1 | | | /AS DECEASED EVER es, no or unknown) | (IF YES, GIVE | MED FORCES? WAR OR DATES | 166 SOCIAL SECT 217-32-6 | | Mrs. Hilda Sa | aith, 3885 Jo | | on Pike | |
| 201 W. PRESTON ST., B es that the death certifica red by the attending phy please remove carbanpa please cereave carbanpa con an other traumatic event | | 7 | 18 CAUSE OF DEATI PART I. DEATH W | which nediate ig the last. | DUE TO, O | R AS A CONSEQU | ENCE OF | | | | | |
| | 2 | CERTIFICATION | ARTER, OSC. 19a DATE OF OPERA | 8207.0 | CARDIO J | nse disen | (E ; | NOT RELATED TO THE TERM CERE Gro - UASC N WAS PERFORMED | disense; a | که , ۲۹ عدر 20b. IF YES, V | WERE FINDING | IGS USED |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN. The law requir otherding physician. ther this certificate has been sig as the buriol-trasst permit. Then thond Aematol Hygasen pricat to be had sent all 8 shows any injurt to b | 9 | MEDICAL CER | 21a, ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI | CAUSE OF DEA | HOUR A P. 21e PLACE | OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE. | 19 | 21c. HOW INJURY OCCUR 211. LOCATION STREET | RED (ENTER NATURE OF INJURY CITY OR TOWN | | () OR PART 2) | STATE |
| PR ATTENDIN hospital of the foruse of the officers of the foruse of the officers of the office | | | 220 I certify that (I) saw the decease abave, (I) (wa) to 22b. SIGNATURE | (this hospi | 17 0 | 19 | | nd that in (my) (out) apinion DEGREE | death accurred an the dat | . 19 | | |
| OSPITAL O ned by the UNERAL D db de detac the State D | | | 224. PHYSICIAN'S NA | | | *1 } | 4.0 | 22e. ADDRESS | MEDICAL STAFF | AN 🗌 | | Gel 7 |
| TO HOS retained TO FUN should be with the | | 22- 0 | Dr. Geo | | | n, Jr., M | | 804 Toll Hou | ise Ave., Fr | ederic | K, Md. | 2170. |

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 23d. LOC ATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY oct 26, 1979 St. Lukes Cemetery Feagaville, Frederick, Md. Bastord Funeral Home Smath, Fadeley, Keeney, 106 East Church St., Frederick, Md. 21701

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

Millan.

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 24 HRS

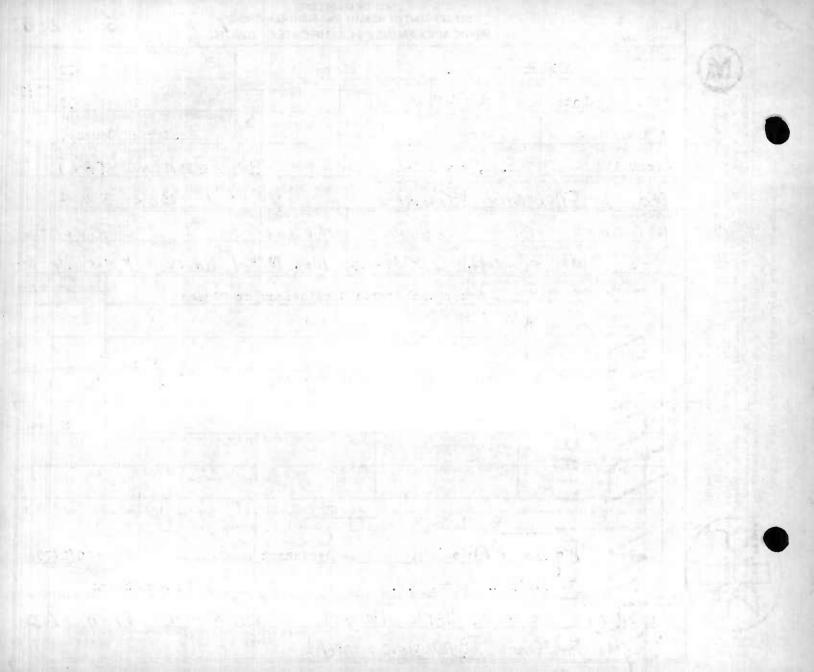
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| | | CEASED NAME FRST ORPRINT) Walter | Augustus Agustus | hankle | AST | Oct. | 19, 19' | 79 |
|-----|--|---|--|---|--|--|--|---|
| | 3. SE | Male .Female | RACE Cau. | S DATE C | | 6. AGE (IN YEARS LAST | | IF UNDER 1 YEAR |
| 33 | 7 _R BI | RTHPLACE (STATE OR FOREIGN DUNTRY) Nary Land | T. CITIZEN OF WHAT COUNTRY | ? 8 MARRIE WIDOWE | D NEVER MARRIED DO DNORCED | 9 BALTIMORE CIT | 0.5 | OF DEATH |
| 04 | | Frederick | 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Frederick Memory | 1al Ro | | 12a USUAL OCCUP (TYPE OF WORK FOR MO Plaster | | 12h KIND C INDUSTRY |
| 35 | | | or other institution, give residence before into the control of th | | 134. INSIDE CITY LIMITS? YES AO | | Ave. | |
| 101 | 14. FA | Dennis Joshus | Shankle LAST | | Sara | Annie | | King |
| 1 | (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) | | | | Mrs. Mary R. | | Frederi | lck. Md |
| | | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEQUENCE | UENCE OF | nyocardis | heart d | lisiése | Su |
| 9 | ICATION | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. | TE CAUSE (0) COLOR | DEATH BUT | | Clert de linal DISEASE OR CO | 20b. IF YES | YEN IN PART III |
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| 79 | | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) WHILE AT WORK AT WORK 220.1 certify that (I) (this hasp sow the deceased alive a obove, (I) (we) (did) (did) 22b. SIGNATURE | TIE CAUSE (0) DUE TO OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH 19b CONDITION FOR WHICH 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, or) 1010) offended the deceased from 10 1 2 1 19 19 19 19 19 19 19 19 19 19 19 19 1 | D DEATH BUT H OPERATIO DAY YEAR 19 1, FARM, ETC.) | 211 LOCATION STREET Ad that in (my) (our) opinion of the control | 20e AUTOPSY? YES NO RED (ENTER NATURE OF I | 206. IF YES IN CERTIF YE NJURY IN ITEM IS. P. TOWN | s, WERE FINDING CAUSES S CAUSES ART LORPART 2) COUNTY |
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| | BB | | 1 | STATE REGISTRAR | CERTIFICATE OF DEATH | REG. NO. |
| | (LAB) | | | CEASED NAME FIRST | MIDDLE LAST | 26. DATE OF DEATH MONTH DAY YEAR 26 HOUR |
| | 1 | | 3. SE | 1000 | 14. RACE 15. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR OF UNDER 24 HISS |
| | ge 4 m ector, p | | 3. 30 | ~ale | hite MONTH OAY YEAR | YRS. |
| 0 | leath. Po | of Conce. | | OUNTRY) MARY | 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR COUNTY OF DEATH AD MD |
| 101 | rs after dea by the fune filed within | Oothfied | | Mychierle | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | 126. USUAL OCCUPATION (TYPE DE WORK FOR MOST OF WORKING LIFE) 12. DOT OT 13. DOT OT 14. DOT OT 15. DOT OT 16. DOT |
| BALTIMORE, MARYLAND 2120 | 24 hav | State pe | 130. | STATE 13b COL | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? DO MYETSVILLE YES NO | 136 S. Main St. |
| RYLJ | ithii 2 st | nine | 14. F/ | THER'S NAME FIRST | MIDDLE LAST 15. MOTHER'S MAIDEN NA | |
| MA | cample I and | 200 | 1 | VILLIAM | H. SIGLER MATTIE | FINK |
| MORE | ond co | medical-exam | 16a \ | VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G | E WAR OR DATES | Sigler Myersville, Md. |
| ALTI | · Q Q · S | | | | nly ane cause per line for (a), (b), and (c), | APPROXIMATE INVERVAL BET WEEN ONSET AND DEATH |
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| 2 | es that ned by please vrial, co | ar at | 170 | | (c) | |
| DS, 2 | equires n signe Then pl | lury, | Z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIVEN IN PART 1(0) |
| CO | been rmit T prior 1 | any in | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED | 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED |
| A H | has perr | | FIE | | | YES NO YES NO NO |
| VITA | 1YSICIAN: The It ding physician. is certificate has burial-transit per Mental Hygiene | 18 shaws | ä | 210. ACCIDENT WAS UNDERLYING | | RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) |
| PO | ding phase certification of the certification of th | F | CAL | OR CONTRIBUTING CAUSE OF D | AIII | |
| | de the | ed ar Ite | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET | CITY OR TOWN COUNTY STATE |
| lo lo | Afr alth | marked | | 229.1 certify that (I) this has | ital) attended the deceased from | 1, to 001 25, 19 79, that (1) (we) (05) |
| | NR ATTENDING haspital ar att tRECTOR: After thed for use as t ept. af Health a | 21 is | 1 | saw the deceased alive a | 0 67 (1.2) = 0 61 | death occurred an the date and hour and from the causes stated |
| | DR A has thed ched ched | Hem | 15 | 22b. SIGNATURE | DEGREE | 22t. DATE SIGNED |
| | by the hore ERAL DIRE | ± | | CAL | ichal Behan MD ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN 10 26 79 |
| | HOSI Dined Duld b | MPORTANT | | 22d. PHYSICIAN'S NAME (TYPE | al Behar MD Middleto | Em 2 |
| | Of | < | 23a. I | BURIAL, CREMATION, REMOVA | | 23d. LOCATION CITY OR TOWN COUNTY STATE |
| | BP | - | _ | Burial | Oct.29,1979Pleasant View Cem | · Middletown Fred. Md. |
| DH | MH-16 50M 7/7 (VR A 15 (4)) | 7 | | JNERAL DIRECTOR | ADDRESS | E REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| | | | | TTAUILTIT CO. | Middletown, Md. 21769 QC | 30 3/9 perfory/recready |

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within 24 hours ofte

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | REGISTRAR | | | EKIIF | ICATE OF DEATE | H | R | EG. NO. | | | | |
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| | 3 SEX Female | 4 RACE Whi | | DATE C | DAY YE | 53 | 6 AGE IN YEARS | | MONTH WRS. | DER I YEAR | # UNDER | 74 HRS MIN |
| 4 | 70. BIRTHPLACE (STATE OR FORE COUNTRY) Maryland | | 11 | MARRIEI VIDO WE | D NEVER MARRIE | _ | Prede | | | | | MD |
| 1 | Frederick | Frede | HOSPITAL, NURSING HEACILITY GIVESTIFEET ADD PICK MEMO | oris | | | 120 USUAL OCC (TYPE OF WORK FOR Schoo | | | | F BUSINE | SS OR |
| 1 | Maryland F | rederick | GME RESIDENCE BEFORE AD 13L CITY OR TOWN Frederic | | 13d. INSIDE CITY LIM YES TO DO [| | 13. STREET ADD | Ress Rock | Creel | k Dr | ive | |
| 1 | 14 FATHER'S NAME FIRST George | D. | Smith | | Hattle | | | DDIE | | Pool | i. | |
| | 160. WAS DECEASED EVER IN (YES, NO OR UNKNOWN) | U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES} | 219-36-L | | Miss Me Crock I | ry | E. M. | ADDRESS Smith deric | 1, 16 k, M | 10 F | | 1 |
| | | which diote | R AS A CONSEQUENC | CEOF | | E TERM | INAL DISEASE OF | RCONDITIO | ON GIVEN IN | PART 10 | 01 | |
|) | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDER | DN 19b. COND | TION FOR WHICH OP | PERATIO | N WAS PERFORMED | | 200 AUTOPSY | | IF YES, WER CERTIFYING YES | | | H? |
|) | OR CONTRIBUTION TO CAL | ISE OF DEATH HOUR A. | M. MONTH DAY | YEAR 19 | 21c HOW INJURY O | OCCURR | RED (ENTER NATURE | OF INJURY IN IT | EM 18, PART 1 O | R PART 2) | | |
| | JIF EITHER, NOTIFY MEDICALI 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK | LAT HOME STE | OF INJURY EET, FACTORY, OFFICE, FARM | A, ETC) | 211 LOCATION STREET | | CITY | ORTOWN | cc | YIAUC | STA | ATE |
| | sow the deceased | nis hespital) attended the alive an 10 24 (did not) view the body | 79 19 | on | d that in (my) (cor) a | pinion c | to 10 | the dote or | nd hour and | | that (I) (w couses sta | , |
| | 226 SIGNATURE | utin Fra | 9.33 | | | | MEDICAL DIRECTOR 1 | STAFF PHYSICIAN | _ | 1 O | 25 | 74 |
| | 22d PHYSICIAN'S NAM | E (TYPE OR PRINT) | a Fr. M | . D. | 80h To | 11 1 | House A | ve. F | rada | ri ck | . Md | , |

TO FUNERAL DIRECTOR.

IMPORTANT: If Item 21 is

23e BURIAL, CREMATION, REMOVA

SHEEL FERE Ley Reen 106 E. Church St.

Burial

TTENDING PHYSICIAN: The

TO HOSPITAL

DHMH-16 20M (VRA 15, 4) 7/78

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal morked or Hem 18 shows any

23c. NAME OF CEMETERY OR CREMATORY Mt.Olivet

23d. LOCATION CITY OF TOWN

Frederick Md.

Cemetery metery Frederick Frederic
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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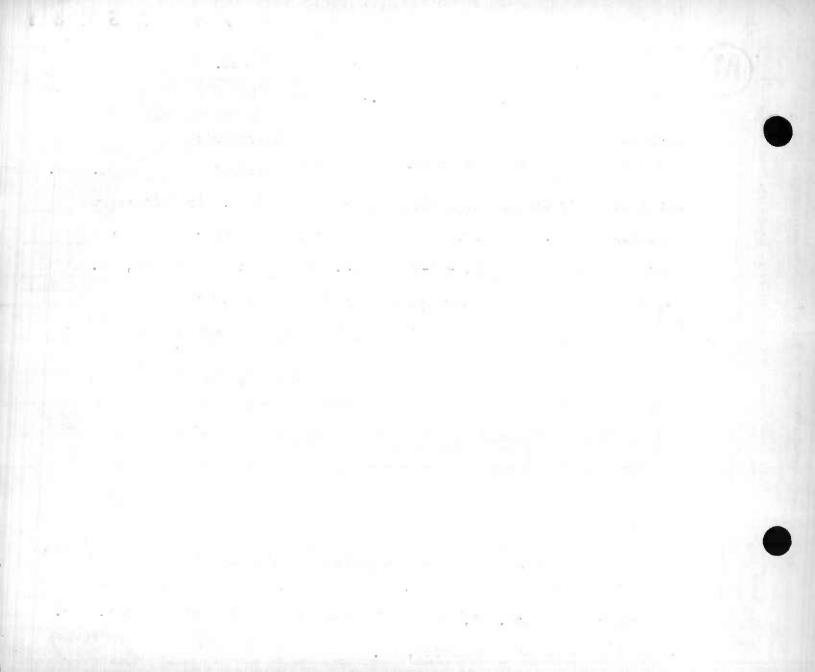
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the busial-transit permit. Then please remove corbon popers. Pages 1 and 2 should be filed within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

| - | - STATE REGISTRAR | | | | | ICATE OF DEATH | REG. 1 | | | |
|-----------------------|---|--|--|---|--|---|--|--|--|--|
| | ECE ASED NAME PE OR PRINT) | FIRST | | WIDDLE | | LAST | 2a. DATE OF DEATH | | YEAR | 26. HOUR |
| | J.AM. | ES | | Α. | | ECHT | October | 25, 1979 | 7 | 10:30 |
| 3. SE | EX | | 4. RACE | | S. DATE C | | 6. AGE (IN YEARS LAST BI | RTHDAY) IF U | THS DAYS | HOURS A |
| | Male | | White | | May | 18 1908 | 71 | YRS. | | |
| - | BIRTHPLACE (STATE OR F | OREIGN | | WHAT COUNTRY? | MARRIE | D NEVER MARRIED | 9. BALTIMORE CITY | _ | DEATH | |
| | Frederick | | U. S | | WIDOWE | | Frederi | | | |
| | CITY OR TOWN OF DE | AIH | (IF NOT IN SU | ICH FACILITY, GIVE STREET | ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | OF WORKING LIFE) | INDUSTRY | F BUSINESS |
| | Frederick | | | ck Memori | - | spital | Retired | | Farmer | rs Sup |
| 130 | JAL RESIDENCE (IF NUR STATE | 13b COU | R OTHER INSTITUTION NTY | 13c CITY OR TOW | E ADMISSION) /N | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | | | |
| - | aryland | Frede | rick | Frederic | k | YES NO X | 8212 B, Edg | ewood Cl | hurch | Road |
| 14. F. | ATHER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN N. | AME | | LAS | ī |
| - | Marion | | E. | Specht | | Effie | | | Gave | |
| | WAS DECEASED EVER (YES, NO OR UNKNOWN) | | RMED FORCES? | 166 SOCIAL SECU | JRITY NO. | 17. INFORMANT | ADDR | EsFrederi | ick, N | Maryla |
| | No | | | 220 28 8 | 626 | Ruth A. Robe | rts, 8212 C | .Edgewood | od Chu | arch F |
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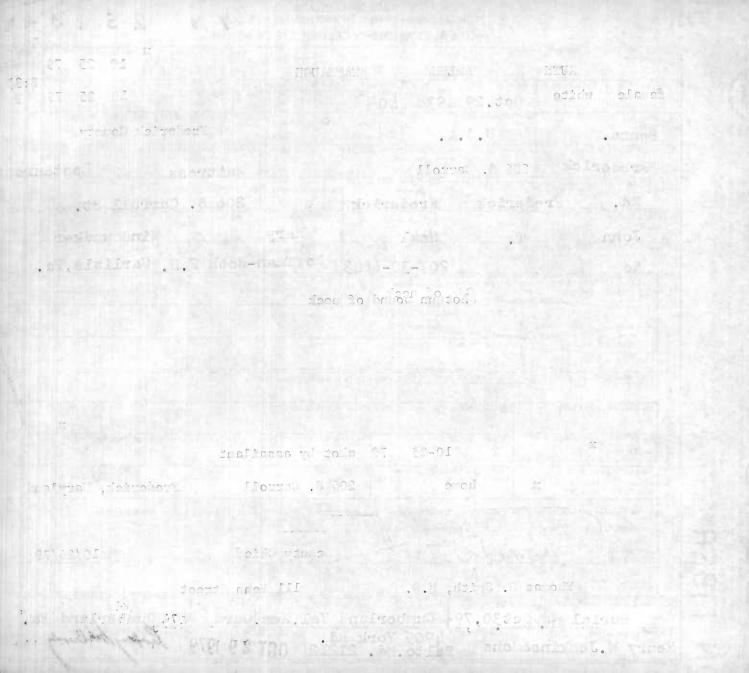
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| | | | MARSHA | | V. | | | MBAUGH | | | DEATH M | AATED [| 10 | 259 | 79 | М |
| | 3. SEX | | 4 RACE | 5. DATE OF BIRTH | YEAR | 6. AGE (IN YE LAST BIRTHD | | | IF UNDER | | RONOUNC | ED | MONTH | DAY | YEAR | 34:13*OIR |
| ı | | ale | white | May 12, | 1922 | | RS. | | | | DEAD | | 10 | | | PM |
| 4 | FORE | HPLACE (| | 76. CITIZEN OF W | | TRY? | | IED K NE | | RIED 📙 | BALTIMO | | _ | | TH | |
| 1 | | yland | OF DEATH | II. NAME OF HO | S.A. | | | VED 🗆 | DIVOR | | Fred AL OCCUPA | | k Cou | | OF BUILD | MD. |
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| ĺ | 14 FAT | HER'S NAM | E | MIDDLE | | LAST | | 15. MOTH | ER'S MAID | EN NAME | MIDE | OLE | | LAST | | |
| | | • | Milto | | STAMBA | AUGH | | | live | - | K. | | | GAUGH | | |
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| | | WHILE AT WORK | AT WORK | 'hom | e PORY, FARM, E | (C.) | 206 | S'S.Ca | rroll | I St. | CITY OR TOWN | Fre | deric | k, Ma | ry la | ind" |
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| | and (| XAMINER'S TYPE OR PR | NAME Th | omas D. | Smith | M.D. | | ADDRESS_ | 111 | Penr | Stre | et | | | | |
| 1 | 23a. BUI | RIAL, CREMA | ATION, REMOVAL 2 | B. DATE | 23c. N | AME OF CE | METERY C | OR CREMATO | ORY | 23d. LO | CATION | | COLL | NTY | STAT | F |
| | I | Burial | | 10/29/79 | Uni | Lted B | rethr | cen Ce | meter | y Thu | rmon t | , Fr | ederi | ck, M | d. | |
| | 24. FUI | NERAL DIRE | Cto Charles | Wm. Mil | ler F | meral | Home | Э, | 25a. DATE | REC'D. BY | REGISTRAS | 25b. REC | ISTRARIS | SIGNATUR | Cros | 4 |
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STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | (TIPE | CIMPOINT) | MIRIAM | | J. | UT | TERBACK | October | 27 | 1979 | |
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| at o | | RTHPLACE (STATE | OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 1 | NEVER MARRIED | 9 BALTIMORE C | | | |
| Par A | | ryland | | U.S. | Α. | WIDOWE | | Frederic | k | | M |
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| medical 10 | | James | | B. | Solt | | Bertie | MIL | DE | Halle | |
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| | | underlying c | ouse lost. | (c)_ | | 10.10 | | S SHELL | | | |
| nlin A | N O | PART 2 OTHER | SIGNIFICANT O | ongitions c | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE JERA | AINAL DISEASE OR | CONDITION | GIVEN IN PART | l(a) |
| - sa | ATK | 19a DATE OF OF | PERATION | 19h COND | DITION FOR WHICH | OPERATION | N WAS PERFORMED | 200 AUTOPSY | 20h. IF | YES, WERE FIN | DINGS USED |
| 2 | CERTIFICATION | | | | | | | YES T NO | IN CE | RTIFYING CAUS | SES OF DEATH? |
| 3 | EXT | 21a ACCIDENT WA | AS UNDERLYING | 21b. TIME (| OF IN JURY | | 21c HOW INJURY OCCUR | | 96 | | |
| 7 | - | | CAUSE OF DEA | | .M. MONTH D | AY YEAR | I | I TO SER INNIUNE C | | THE CONTRACTOR | 4 |
| , / | MEDICAL | | MEDICAL EXAMINES) | _ | P.M | 19 | | | | | |
| 2 | ED | 21d. INJURY OC | _ | | OF INJURY TREET, FACTORY, OFFICE, F | ARM FIC.) | 211 LOCATION STREET | CITY | OR TOWN | COUNTY | STATE |
| | 2 | AT WORK | AT WORK | (Altrionic, s | THE TOTAL OF THE P. | AKM, ETC. J | | | | | |
| 20 | | 22a. L certify the | ot (I) (this hospi | tol) ottended ti | he deceased from_ | 0 | 22 10 57 | 2 10 10 | 27- | 10 79 | _, that (I) (we) lo |
| | | | ceosed olive on | 19 | | 9 00 | d that in (my) (our) opinion | | the date and | hour and from | |
| | | abave, (1) (v | ve) (did) (did no | t) view the body | y ofter deoth. | | | dedili occorred on | ine dore ond | | |
| | | 226. SIGNATURE | 1 | | | | DEGREE | | LIC B | 22c. DA | ATE SIGNED |
| | | // | Ver 1 | well | with | m | ATTENDING PHYSICIAN | MEDICAL DIRECTOR P | STAFF HYSICIAN | oct. | 29,1979 |
| 1 | | 224. PHYSICIAN | 'S NAME ITYPE O | R PRINT) | VIII. | | 22e ADDRESS | | | | |
| 1 | | Don | D Mont | a- M D | | | 220 North Mar | that Stra | at Er | ederick | Md |
| | | | R. Mart | | | | | | | enelick | , Mu • |
| | 23a B | IURIAL, CREMATI | ION, REMOVAL | | | | EMETERY OR CREMATORY | 23d. LOCATION | N 1 | COUNTY | STATE |
| | | Burial | | Oct, 3 | 31, 1979 R | estha | ven Mem. Garde | ens Fred | erick | Frederi | ick Md. |
| | H.F. | INERAL DIRECTO | 810-08 | KREE. | 12 Jan | Puza | 250. DAT | TE REC'D. BY REGIS | LRAR 25b. RE | SISTMAR'S SIGN | CA GRE |
| 25M 1/79 | 10 | 6 East C | hurch S | treet | Basserd Frederick | Mar | vland N | 310 1 131 | 9 1 | 7,7,0 | |
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STATE OF MARYLAND

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Maryiand U. S. A.

Prescrict 200 Sirus Avende, Frederick, No. Homemaker

Maryland Brederick Frederick x 504 Nights Avende

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Tunes E. Solt Hertie Hotelmek, Son Eights Avende

no 214 10 4800 Donald H. Ditterhack, Son Eights Avenda,

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230 North Harket Street, Properties, W.

Aurisi vot. 31, 1979 Asathaven New Grideni Frederick Frederick Stir, Padeley, Tenney a Fundard Pureral Done 106 Her Church viver, Frederick, Haryland

REX R. BRECLING. C. KSE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO I DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 7:05 October 2, WACHTER Virginia Rena 3 SEX 5. DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAYS 30 1892 Female 86 White Nov. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED U.S.A. Marvland Frederick County. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Frederick Nursing TYPE OF WORK FOR MOST OF WORKING LIFE Home Frederick JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

131. COUNTY

132. CITY OR TOWN 13a. STATE Lewistown 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Frederick Lewistown, Maryland NOF 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Warrenfeltz Smith Charles Laura J. Mrs. Roberta V. Harris, Rt. #8 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-30-9842 Frederick, Maryland 21701 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ar alac IMMEDIATE CAUSE (D) A CONSEQUENCE OF Conditions, if day, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 115 NO 01 CERTIFICAT 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.1 certify that (I) (the applical artended the deceased from sow the degased alive on above, (I) (Me) (did) (aid not the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h. SIGNATURE U DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D 22d. PHYSIGHN S NOVES BYD CHNILE III M Me ADDRESS Cline 804 Toll House Avenue, Frederick, Md. DXXXXXXAUSTINXPERTREXXVIX

230 BURIAL CREMATION REMOV

FOR

23c. NAME OF CEMETERY OR CREMATORY Deta5, 1979 Utica Cemetery

23d. LOCATION Utica

Frederick

24 FUSMPERIOF ade lay Keeney Basford Fueral Home 106 E. Church St., Frederick, Md. 21701

DHMH - 16 50M 7/77 (VRA 15 (4))

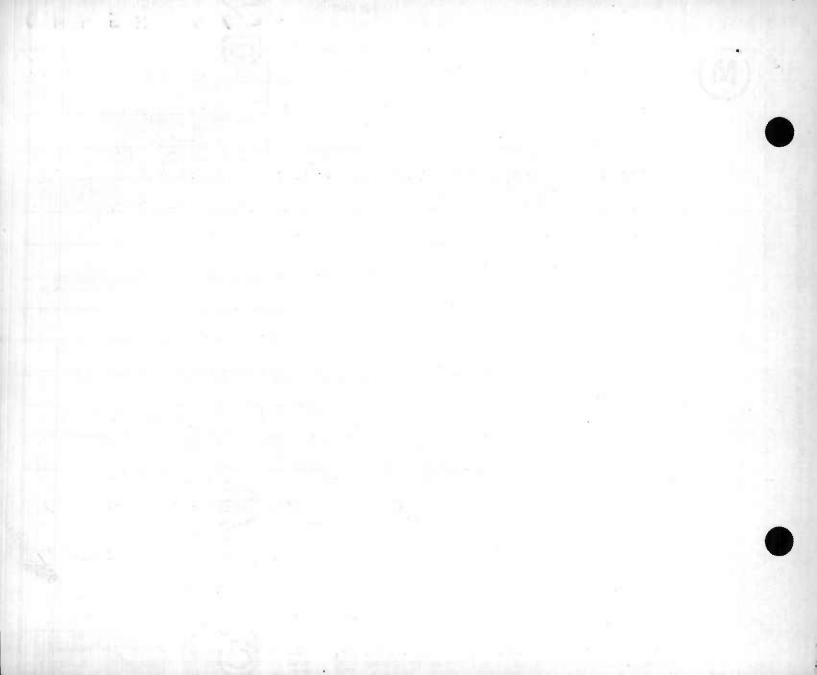
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| 0000000 2, 1979 - 7:0g | BIGHDAW | slulym1V | Rena |
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| lewistown, daryland | x nwo: | der tolk now the | sect hastyeen |
| stibloberaW | | | , ?, |
| eta V. Harris, Rt. #B , Menviand 21701 | 2.101- | 220-30 | |
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Dr. 3. Funcin Paurro, a.r. 160, Toll House Avenus, Frederick, u.,

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2ª DATE OF DEATH MONTH 2b. HOUR 7:30 October 6, 1979 CUICCIAM 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS 15, 1892 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Frederick County, DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker Home P. O. Box 679, Frederick, Md. 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME MIDOLE Adelaide Waldron **ADDRESS** obert W. Williams, P. O. Box 679, Frederick APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NOX YES 🖂 NO [21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN STATE and that in (my) (aur) opinion death occurred an the date and haur and fram the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8700 aller Laore 131 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Frederick, Frederick, Md. 1979 Mount Olivet Cemeterv Smath, Fadeley, Keeney, Bassiord Funeral Home 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 106 East Church St., Frederick, Md. 21701

STATE OF MARYLAND

FOR

REG. NO

DHMH-16 20M (VRA 15, 4) 7/78

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FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | | CEKTIFI | CALE OF | DEATH | REG | NO. | | | | | | |
|---|--|---|------------|----------------------|--------------|--|---------------|----------|---------|------------|--------|--|--|
| 1. DECEASED NAME | FIRST | MIDDLE | LA: | ST | | 20 DATE OF DEATH | HTMOM | DAY | YEAR | 26 HOU | JR | | |
| ŀ | ATHER INE R | EYNOLDS CR | AMER | WINE | BRENER | October | 12 | 1979 | 9 | | A | | |
| 3. SEX | 4 RACE | | 5. DATE OF | | | 6 AGE (IN YEARS LAST | BIRTHDAY) | IF UNDER | | IF UNDER | | | |
| Female | White | • | Octob | er 9, | 1897 | 82 | YR: | MONTHS | DAYS | HOURS | MIN. | | |
| To BIRTHPLACE ISTATE OF | FOREIGN 76. CITIZEN | OF WHAT COUNTRY? | 8 AAAPPIED | X NEVER | MARRIED [| 9 BALTIMORE CIT | | | ATH | | | | |
| Maryland | U. | S. A. | WIDOWED | To add as 1 of | | | | | | MD | | | |
| IN CITY OR TOWN OF D | (IF NOT IN | DE HOSPITAL, NURSING SUCH FACILITY, GIVE STREET A CORD STREET | DDRESS) | OTHER IN | STITUTION | 12a USUAL OCCUP (TYPE OF WORK FOR MO Homemake: | ST OF WORKING | | | F BUSIN | ESS OR | | |
| USUAL RESIDENCE (IFNU 130. STATE Maryland | rsing home or other institut 13b. COUNTY Frederick | on, give residence before 13c. CITY OR TOWN Frederick | 4 | 13d. INSIDE YES 🔀 | CITY LIMITS? | 13e STREET ADDRE | | eet | | | | | |
| 14 FATHER'S NAME | | | | IS. MOTHE | S MAIDEN NA | | | | | | 17 | | |
| Noah | Edwin | Cramer | | | E11a | MIDDL K | | Н | ou ck | | | | |
| 160 WAS DECEASED EVE | R IN U.S. ARMED FORCES | | RITY NO. | 17. INFORM | ANT | AD | DRES Fre | deric | k. N | Mary | land | | |
| No | | 216 46 89 | 83 | Phili: | Wineb | | Reco | rd St | reet | t, | | | |
| 18 CAUSE OF DEA | TH (Enter only one couse | | | | | , | | DE DE | APPROXI | MATE INTER | RVAL | | |
| PART I. DEATH | WAS CAUSED BY: | arten | sele | ratic | - Rea | ocheses. | , | | 3 | 1100 | 2- | | |

| | 4/140 IMMEDIA | DUE TO, OR AS A CONSEQUENCE OF | 3 year |
|---|--|--------------------------------|--------|
| - | Conditions, if ony, which | | |
| | gove rise to immediate couse (a), stating the underlying couse last. | DUE TO, OR AS A CONSEQUENCE OF | |

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

P.M

21e PLACE OF INJURY

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

19

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

200 AUTOPSY?

PHYSICIAN

706. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c. DATE SIGNED

CITY OR TOWN

STATE

DEGREE

22e. ADDRESS

211 LOCATION

ATTENDING MEDICAL PHYSICIAN DIRECTOR

Rex R. Martin, M. D. 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

220 North Market Street, Frederick, Maryland

DHMH - 16 60M 7/73 (VR A 15 (4))

Mt. Olivet Cemetery Burial Basford Funeral Home

106 East Church Street, Frederick, Maryland

Frederick

POPI CI SAGOSO ENGRESITA DIMENDI EGIONY DE BREHISTA Near Causeres Penulis A STATE SEALTHAN Les rest d'un control de la lancier ne despect danged broom Effi Sorryland Westerletter Eredricker 102(2) ASIOT-But Lynak ato Facing SIM on charge principlents, lat accord Street,

THE PROPERTY OF STREET AND ACCOUNT OF STREET